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Chapter XIX

THE FEMALE CHRONIC DRUNKENNESS OFFENDER

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THE CHRONIC DRUNKENNESS OFFENDER

Chapter XIX

THE FEMALE CHRONIC DRUNKENNESS OFFENDER

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CHAPTER XIX

THE FEMALE CHRONIC DRUNKENNESS OFFENDER

Ninety per cent of persons arrested in Toronto for public drunkenness are males. This paper concentrates on those females who constitute the remaining ten per cent of the Toronto public drunkenness offender population.

The main focus of this monograph is the explication of life history contingencies and social processes which appear to significantly affect the probability that a female will (1) be arrested for public drunkenness, and (2) become increasingly integrated into a drunkenness offender life style. A chief concern will be the description of the subjective responses of the offender to these contingencies and social processes.

Review of the Literature

The female drunkenness offender population, though by definition homogeneous with respect to the fact that each female has been arrested by the police for apparently being drunk in a public place, is heterogeneous in regard to alcohol use and abuse. Within the female offender population one can expect to find alcohol usage which ranges from predominantly social drinking, with an occasional lapse into drunkenness, to uncontrolled spree drinking. Because of the heterogeneity of the population regarding drinking habits, the review of the literature was expanded to include studies concerned with alcoholics as well as drunkenness offenders. The studies presented below have been grouped with respect to (1) psychological or sociological orientation, and (2) whether they deal with females only, or with comparisons between males and females.

The psychiatric and psychological writings on female alcoholics reveal a number of conflicting theories with little supporting empirical evidence. Various papers report these women to be characterized by oral fixation, passive dependency, homosexuality, and a history of a disturbed mother-child relationship (6,33,55). Myerson's study (38) of female alcoholic prisoners is one of the more systematic psychiatrically-oriented investigations published. He concludes that alcoholic female prisoners have an almost complete inability to control their drives and that the primitive quality of these drives is similar to that seen in individuals diagnosed as psychotic. Like Myerson, most psychiatric writers see the female alcoholic as an individual suffering from a profound emotional disturbance. There are a few exceptions to this, however. Follin and Pivet (11) report that the woman alcoholic is not especially neurotic or psychotic and that her problem lies within the social environment. Moreover, Winokur and Clayton (54) suggest that genetic factors may be crucial.

Several psychiatrically-oriented investigations have reported that female alcoholism is increasing (27,30,49,50). However, Lemere et al. (24) concludes that there has been no increase. Those investigators who have found an increase postulate that recent changes in social norms governing female behaviour have created a situation in which the female's personal life has rapidly altered. That is, she has been released or withdrawn from her sheltered position and has therefore been faced with problems of adaptation (49). The most significant change reported is that women have not only abandoned psychodynamics suited to women, but also have adopted masculine psychodynamics (27).

Psychiatric theories (like Myerson's) which view female alcoholism as a manifestation of deeper psychological difficulties, have been supported by comparisons between male

and female alcoholics. Typically, these comparisons indicate more psychopathology among the female alcoholics (3,12,16,20, 21,25). Such findings take on added significance when evaluated within the context of Jellinek's vulnerability-acceptance hypothesis (19). Briefly, Jellinek postulated that in countries where consumption of large amounts of alcohol is culturally denigrated, those persons "who on account of high psychological vulnerability have an inducement to go against the social standards" would mainly be exposed to the risk of addiction. In societies like France where consumption of large amounts of alcohol is accepted, persons with even small psychological vulnerabilities would have a high risk of addiction. The findings of high rates of psychopathology among North American alcoholic females thus may reflect the low degree of acceptance on the part of Anglo-Saxon society of the consumption of large amounts of alcohol, especially on the part of females. That is, only North American females with high psychological vulnerability risk addiction in the "anti-large alcohol consumption on the part of females" North American culture.

Though some of the psychiatric studies present interesting hypotheses, any interpretation and/or comparison between such studies is difficult due to the differences in sample populations investigated by each researcher.

Sociologically-oriented researchers have tended to emphasize the importance of the social environment in moulding behaviour (4). It should be noted that such a perspective does not negate the causal significance of differences in psychological vulnerability between male and female alcoholics or between alcoholics as a whole and the non-alcoholic population.

Bacon studied 42 female and 1,196 male public drunkenness offenders (1). He found that drunkenness offenders of

both sexes were characterized by a high rate of marital instability and non-marriage. This seeming inability to function in what Bacon considered an adult role he described as a condition of "under-socialization." Cramer and Blacker (5) focused on differences between "early" and "late" problem drinkers. Their study of 90 white female drunkenness offenders at the Massachusetts Correctional Institute at Framingham revealed that "early" drinkers (i.e., those whose first intoxication occurred before age 25) were characterized by the presence of more disturbed childhood experiences than "late" and non-problem drinkers. Specifically, "early" drinkers tended to view their parents as both severe and inconsistent in regard to punishment, and to see themselves as victims of parental rejection. In contrast, "late" drinkers tended to associate situational social stress such as the death of a spouse with their first intoxication. "Early" and "late" drinkers also differed with respect to socio-economic status. A low S E S was found to correlate with "early" problem drinking, while no correlation was found between SES and "late" problem drinking.

One of the first studies to present a systematic phenomenological description of female drunkenness offenders was conducted by Woodside in England (56). Woodside studied 26 female offenders admitted on charges connected with public drunkenness during a one-month period. The offenders were found to be preponderantly late middle-aged women, with unskilled domestic and catering occupations, and transient abodes. Although the women showed no preference as to the type of alcoholic beverage they consumed, Woodside noted that those who drank cheap wine seemed to be "at the nadir of social degradation and hopelessness." One of the major causes of

recidivism was found to be a lack of funds and/or shelter, especially upon release from jail. Such a condition resulted in a high vulnerability to re-arrest. One factor which tended to reduce the probability of re-arrest, at least immediately after release from jail, was the existence of housekeeping arrangements. The term 'housekeeping arrangements' refers to the situation in which a female offender exchanges social and sexual services for economic and "protective" support of a male.

Woodside also recorded other deviant behaviour the women engaged in. This consisted primarily of larceny and prostitution. However, such criminal behaviour is not uniform within the offender population. Woodside found that the "active criminality of these women tends to decline with advancing age, leaving a residue of drunkenness and general social inadequacy," (p.233). She notes, in fact, that chronic offenders often come to see the jail as a refuge.

D'Orban repeated Woodside's study after an interval of 9 years (10). However, D'Orban focused on those public drunkenness offenders with a minimum of 6 admissions to prison in any one year. The total sample consisted of 16 women. The findings of D'Orban's study did not differ significantly from those of Woodside.

In contrast to the preceding studies, most of the other sociologically-oriented monographs concern female alcoholics rather than female public drunkenness offenders. However, in some instances the same etiological factors have occupied researchers. For example, Rosenbaum (41) found that disturbed family environment during childhood was a major factor leading to alcoholism in females. De Lint (7) has

focused on the relevance of birth order in the development of alcoholism. He reviewed the records of 1,667 male and 387 female alcoholics admitted to an Ontario provincial alcoholism clinic. He found there was a significant over-representation of last-borns in both female and male alcoholics. Moreover, there were proportionately more last-borns among females. However, de Lint also found a higher rate of parental loss among alcoholics in general and between male and female alcoholics before the age of six, with no significant differences between the sexes in the rate of parental loss between the ages of 6 and 16. Given this finding he suggests that any correlations in birth order and alcoholism may be the result of differences in parental loss. In effect, he suggests that though there is a correlation between birth order and alcoholism, this may be the result of parental loss, which appears to be a causally significant factor in the development of alcoholism and alcoholism in females in particular. However, research conducted by Hilgard and Newman (17) tends not to support de Lint's findings. They found no overall significant differences in parental loss between female alcoholics and the general female population. Moreover, only younger male alcoholic patients had a greater parental loss rate than comparable general population samples.

The illumination of differences other than parental loss between male and female with respect to heavy drinking has also kept researchers occupied. Several studies have concluded that alcoholism in females develops more rapidly than in males (12,13,52). The W.H.O. Sub-Committee on Alcoholism reported that female alcoholism is "telescoped" with respect to length of time and rapidity of behaviour change when compared with development of alcoholism in males (52). Fort(13)

came to a similar conclusion and also found that the phases of development were less distinct in the female alcoholic.

Differences in societal reaction to drunkenness in females and males have also been investigated. Mary (32) found drunkenness in females to be more severely derided than in males. Desharis (9) observed that there is more intolerance and rejection of the alcoholic woman than the man. A survey of 208 women and 205 males showed that regardless of socio-economic status female drunkenness was less tolerated than male drunkenness (23). The degree of intolerance was inversely correlated with SES, however. Finally, Lisansky (28) of the Yale Center of Alcohol Studies notes that intoxicated females suffer more criticism than comparable males. She attributes this to the fact that:

> Alcoholism in women is more disturbing because it represents the breaking of stronger taboos against drinking and intoxication in women [and] because it runs so strongly counter to the American ideal of the self-controlled 'lady-like' behaviour. (p.73)

The degree of heterogeneity of the alcoholic population and the possibility of rehabilitation are two other themes discussed in the literature. Several studies have pointed out that the female alcoholic population may not be homogeneous (18,28,29,44,51). For example, Lisansky's comparison of 46 alcoholic patients and 37 alcoholic women incarcerated in a penal institution revealed that the incarcerated females: (1) were significantly younger, (2) had less education, and (3) were more likely to hold unskilled occupational positions than the clinic group. Furthermore, the incarcerated females

appeared to suffer more parental deprivation, report a higher frequency of alcohol "abuse" among parents, siblings, and spouses, and experience more broken marriages.

The rehabilitation and treatment of female alcoholics who have been incarcerated, though not necessarily for public drunkenness, has been specifically reported on by Myerson (37) and Mayer (34). Myerson notes that although "a 1955 Massachusetts law made it mandatory that alcoholics from state prisons be referred to a medical clinic for follow-up care" (p.151), only a handful of those referred actually appeared. However, he found that sustained therapeutic relationships initiated in prison were effective in increasing the number of referrals who reported for follow-up care. Yet appearance at a medical clinic by itself obviously does not constitute successful treatment. Mayer (34) studied a group of female alcoholic prisoners who received treatment. He found their prognosis to be poor - "for this severely disturbed group of women, therapeutic goals of abstinence, self-reliance, and adequate social and economic functioning are rarely realistic" (p.299).

The perspectives of the studies reviewed above are, in general, significantly different from ours. However, Kinsey (22) has recently published an extensive study on the female alcoholic using a perspective which overlaps the theoretical approach of the present study. The basic conceptual model perspective used by Kinsey is symbolic interactionism. This approach is summarized by Kinsey as consisting of the following propositions: (1) human beings are unique in that they are able to manipulate symbols, and (2) human beings do not "experience the external or 'internal' environment directly, but in terms

of the symbolic meanings which the individual has learned to 'attach' to stimuli or objects originating from these sources" (p.47). These conceptual principles are essentially similar to those utilized by Becker, Goffman, and Garfinkel (2,14,15).

However, though the conceptual approach is similar, Kinsey's analysis differs from ours in two key aspects: (1) he does not explicitly and systematically utilize a career process perspective, and (2) he conceptualizes alcoholism to be a result of self-image maladjustment in an individual who has learned to define alcohol consumption as a means of dealing with the "anxieties and tensions produced by this maladjustment" (p.50). Thus his analysis is inclined toward the psychological dimensions of symbolic interactionism as opposed to the sociological emphasis of the present study.

One last comment on the literature is necessary. Throughout the literature there are frequent calls for more studies. However, often the nature of the response to such calls leaves something to be desired. Investigators of female public drunkenness offenders and alcoholism in women have often chosen to editorialize rather than conduct systematic studies. As Hirsch (18) has observed, opinion has been one of the major contributions of authors to the literature.

The Present Perspective

The general analytic framework of the present study is a career process model of deviant behaviour. Among the first sociologists to employ such a model were Becker and Goffman.

Becker, in his monograph Outsiders, (2) offered the following definitional sketch of a career process model:

> A useful conception in developing sequential models of various kinds of deviant behaviour is that of "career." Originally developed in studies of occupations, the concept refers to the sequence of movements from one position to another in an occupational system made by any individual who works in that system. Furthermore, it includes the notion of "career contingency," those factors on which mobility from one position to another depends. Career contingencies include both objective facts of social structure and changes in the perspectives, motivations, and desires of the individual. (p.24)

Three of the four key features of a career process model of human behaviour can be derived from the synopsis presented by Becker. First, the model postulates that socialization is primarily a sequential process. Second, it suggests that certain events that occur in this sequential process are more crucial than others in increasing the probability of a "successful" outcome; i.e., career contingencies. Third, it requires that both the perspective of the actor be taken and a descriptive analysis of the social structure be presented.[1] The fourth characteristic of the model is focused upon by Goffman (15) in the introduction to his article on "The Moral Career of the Mental Patient":

> The term [career] is coming to be used... in a broadened sense to refer to any social strand of any person's course through life. The perspective of natural history is taken: unique outcomes are neglected in favor of such changes over time as are basic and

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[1] A structural functionalist framework has been utilized in this paper to present this descriptive analysis.

> common to the members of a social category, although occurring independently to each of them. (15, p.88)

Thus, the fourth characteristic of a career process model is the postulation that though a given individual's life history is unique, a basic and common set of events confronts all persons venturing into a specific career.

The foregoing theoretical perspective was operationalized in the following manner. Interviews with incarcerated female drunkenness offenders and participant-observation findings were analyzed with the view to establishing the basic history of events which characterized the career of an offender. Those events which appeared to be crucial career contingencies were focused upon. Such events were evaluated in terms of the subjective meaning of the event to the offender and/or the objective consequences which followed from it. Once the typical career pattern was abstracted, it was divided into the following four stages: (1) pre-heavy drinking, (2) heavy drinking and the establishment of the status of public drunkenness offender, (3) entrance into a public drunkenness offender life style, and (4) the female on Skid Row. An effort was made to use behavioural identity changes as bases for delineating the stages.

In evaluating the validity of the descriptive examination presented in this paper, the reader should keep in mind the following issues in the application of a career process model to the study of deviant behaviour. First, career process analyses of deviant behaviour, perhaps as a result of the assumption that socialization is primarily sequential, are often tinged with a flavour of social determinism. In reality there are, of course, no "ultimate points of no return." As

Lemert (26) has noted, "alcoholics, drug addicts, criminals and other deviants do sometimes make comebacks in the face of stigma, and an early history of deviance may in some instances lead to success in the conventional world." (p.51). Thus, concepts such as career contingencies should be viewed as probability factors rather than deterministic events. Second, career analyses focus on abstracting the typical life history course; individual life histories will not be congruent with this abstraction. Finally, career descriptions, as is the case with the present study, are often based on data collected on "known" members of a deviant category. Frequently very little, if any, data are available on those individuals who passed through the first stages, but did not continue on. The lack of such data constitutes, in the view of the author, the most salient qualifications which must be placed upon the present study. In a sense, the career analysis of the female drunkenness offender described in the following pages has looked at successes and not failures.

METHODOLOGY

The major sources of data for this study include: (1) records of the Toronto Women's Court, (2) reports of interviews with a sample of female public drunkenness offenders incarcerated in Toronto's Don Jail, (3) the arrest records of the Metropolitan Toronto Police Department, and (4) participant-observation.

The Women's Court in Toronto is located in the central business district of the city in the old City Hall building. The Court is in session every day of the week except Sundays and statutory holidays. Data were collected on those females appearing before the Court for public drunkenness charges during a 12-month period from October 1, 1960 to September 30, 1961. These data, collected from police forms, were grouped and transferred to coding sheets for I.B.M. data card processing. Two types of coding sheets were employed, one for individuals and another for appearances. The following data were collected: (1) demographic (e.g., occupation and wage), (2) time and arrest data, including month, day and place of arrest, (3) trial disposition (e.g., suspended sentence, fine, imprisonment), and (4) outcome of disposition (e.g., paid fine, served term in jail).

The total Women's Court population consisted of 1,326 individuals, who appeared before the Court for a total of 2,306 times during the one-year period.

The sampling procedures for the interviewees were intended to select individuals considered to be chronic drunkenness offenders. Females with three or more convictions for public drunkenness in a 12-month period were designated chronic

offenders. It was also decided to select the interview sample from female offenders incarcerated in the Don Jail.

Two major difficulties prevented the random selection of only chronic offenders. First, many chronic offenders were transferred during this time to a reformatory on a non-random basis. Second, the matrons of the Don Jail often misunderstood the intent of the study. They frequently selected offenders they thought would be interesting to the interviewer rather than those previously randomly selected for the study. Thus, offenders with only one or two offences in a 12-month period were included.

The procedure used was that of "focused" interviewing. The interviewer had a pre-arranged set of questions to ask but exercised considerable flexibility in pursuing topics that arose out of the conversation. Seventy female offenders were interviewed from January 4, 1961 to April 17, 1962. Five of the interviews were discarded either because the data were inadequate or because the interviewees were actually drug addicts mistakenly charged with public drunkenness.

Methodological Considerations

Four specific features of the data analysis require explanation. First, the analysis of the Court data was limited to subjects on whom data for a specific item were available. Thus, discrepancies unless otherwise stated between the total number of persons and the number utilized for a specific analysis was a result of this methodological decision.

The second methodological decision was the result of a change in the law covering public drunkenness. The new law

became effective January 20, 1961. It eliminates a previous requirement that magistrates impose a minimum fine of $10.00 and/or a mandatory jail sentence for persons convicted of public drunkenness. It also provides the Court with an option for voluntary or compulsory treatment as an alternative to a fine and/or term. The Court sample was initially divided into a pre-law change and post-law change group . Comparisons between the groups with respect to age and convictions revealed no statistically significant differences.[2] The groups were, therefore, combined and are referred to throughout this chapter as the total Women's Court sample. The pre-law and post-law groups consisted of 396 and 1,910 appearances, respectively.

The remaining two decisions concerned the interview sample. It was decided to undertake a content analysis of the interview records. We found that responses of the interviewees to some questions had been recorded in detail, but the questions asked varied.

Other questions had either not been asked or, if they had been, the response was not recorded or was recorded inadequately. These qualifications of the data should be kept in mind by the reader. Particularly, the absence of a behavioural item in an offender's history does not mean it was not present or, for that matter, that it was present.

The last methodological decision resulted in the division of the interview sample into two categories: individuals with 4 or fewer convictions for public drunkenness and those with 5 or more convictions. The reason for this decision was primarily statistical since the interview sample consisted of only 65 persons.

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[2] They may have been different with respect to other demographic variables but this could not be reliably checked.

The chief statistical methods utilized in the analysis of the Court and interview data were contingency and goodness of fit chi square tests.

Definition of Terms

The terms "first offender," "multiple offender," "appearances" and "individuals" are used throughout the paper.

The phrase "first offender" refers to those females convicted for public drunkenness only once during the 12-month period in which data were collected from the Toronto Women's Court. In the case of the interview sample, the time period used covered the 12 months up to the date of the conviction which led to her incarceration in Don Jail and selection for interviewing. "Multiple offenders" designates those persons who had more than one conviction for public drunkenness during the year. Thus, the terms are not absolute. Many of the first offenders may well have been classified as multiple offenders if a longer time period were used.

The other two terms over which there might be some confusion are "appearances" and "individuals." Statistics involving the former term treat each conviction for public drunkenness as an item. That is, a person with three convictions for public drunkenness would have an I.B.M. card made out for each of the three court appearances. In a statistical analysis of appearances comparing first and multiple offenders such an individual would be included only <u>once</u> - in the multiple offender category.

THE FEMALE DRUNKENNESS OFFENDER: A CAREER PROCESS ANALYSIS

The life histories of the interview sample reveal a process of gradual integration into the life style of the female drunkenness offender population. This process of integration can be seen as a career along a behavioural continuum which increasingly diverges from the norms of the general population. This continuum of increasing deviance has been divided into the four stages discussed below.

Stage I: Pre-Heavy Drinking

The pre-heavy drinking stage covers a chronological period up to and including young adulthood. All potential drunkenness offenders in this stage may have characteristics associated with vulnerability which distinguish them from non-potential drunkenness offenders. However, a review of the data available to us did not reveal any universal characteristics, though this may be attributed to a significant lack of systematic data on offender behaviour during this career stage. Nevertheless, we were able to delimit several behavioural items which, though not universal, were sufficiently prevalent to suggest that a basis for more patent deviant behaviour is established during the pre-heavy drinking stage.

The female drunkenness offender interviewees reported a high incidence[3] of one or more of the following behavioural characteristics during the pre-heavy drinking stage: (1)parental

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[3]"High incidence," "high frequency,"refer to a proportion of not less than 20 per cent. In other words, at least 20 per cent (N = 13) of the interview sample reported this behaviour. For example, at least 20 per cent of the interviewees reported parental deprivation or loss during the pre-heavy drinking stage.

deprivation or loss, (2) marginal socio-economic family condition and (3) some form of stigmatizing social event - usually of a type not associated with heavy drinking. Parental deprivation and/or a disturbed family life is frequently asserted in the literature to be associated with the initiation of a deviant life style. Despite the apparent tendency of female offenders to idealize their early life experiences, explicit reports of family disturbance were reported often enough to lead us to believe it is a frequent feature of this career stage. Desertion of the family by the father was reported by several interviewees.

> My father was a policeman and played in the police band. He left one day for special duty, when I was three, and never returned. He kept in contact with me - sent me presents every now and again. My mother believed he had run off with another woman.

The death of one or both parents, and parental separation or divorce were reported to result frequently in placement of the children in institutions, foster homes or with ambivalent relatives.

> I was born in Toronto. I never knew my real mother. My father remarried and put us three children in an orphanage. I was the youngest. I stayed there from four to around five or six years old. My aunt gradually got custody of us.

Lastly, interviewees whose families remained together often reported having fathers who drank heavily. Not infrequently this led to physical abuse of mother and child.

Family socio-economic status often bordered on the subsistence level. Some of the women recalled that their father's employment was recurrently irregular and that welfare was frequently needed. Subsistence economic conditions often set the family apart from the larger community. That is, these families were stigmatized for being poor per se - the condition of poverty being socially deviant.

> I was born in _____. My father died before I was born. My mother allowed no alcohol in the home. We moved to Toronto when I was three. My brother and I sold newspapers. My mother was very ashamed of this and told me not to tell anyone. We also gathered coke while it was still warm. We were up all hours of the night with work around the home.

In addition to family "economic deviance" the interviewees also appear to have personally indulged in behaviour which society defines as deviant and/or criminal. In most cases the social deviance involved an "illegitimate" pregnancy. One offender noted that in a small town there is more social stigma attached to being pregnant out of wedlock than being drunk.

> Small towns aren't too hard on women if they get drunk. It doesn't make a scandal the way having an illegitimate baby does. If a woman gets pregnant out of wedlock, they just turn up their nose and walk right by her.

Divorce or separation may also elicit negative community reaction. One woman describes how she sought to evade the

social stigma resulting from a divorce. Her comments further reveal the mutual reinforcement of societal and personal deviant identities. That is, we see the process by which the manifestation of a socially proscribed act leads to the individual's beginning to identify himself as generically different from persons who have not manifested such behaviour.

> I got a job in _____ as a waitress. I kept bumping into friends who kept saying, "What are you doing working?" I made all kinds of excuses, but it didn't work. It's a small town and nothing very bad ever happens. There, a separation was a scandal. People started putting two and two together and heard about it. They talked and talked about it and first they'd say it was my fault and then it was his, and then - I just couldn't stand it.

Stigmatizing events such as the birth of an illegitimate child, or divorce, appear to be frequent during the pre-heavy drinking. Such incidents are postulated to be one of the key factors in the initiation of behavioural patterns which may lead to the establishment of a deviant career.

There is also evidence that during the pre-heavy drinking, female offenders may associate with persons already considered by the community to be "deviant." The actual extent of the "associations" could not be ascertained, however. For example, in one instance it took the form of working in a red-light district restaurant.

> At sixteen I took a job as a waitress in a Chinese restaurant which had a bad reputation. The woman in charge kept me waiting behind the counter and I didn't

> wait on tables. A neighbour told the police it was no place for me to work and that I was keeping late hours and running around.

Thus, the female offenders interviewed reported a high incidence of the following:

1) Parental deprivation and/or disturbed family life

2) Poverty

3) Socially identified deviant behaviour

4) Association with "known" deviants.

These circumstances, especially those leading to stigmatization, may be seen as laying the groundwork for initiation into a life-style characterized by heavy alcohol use.

Stage II: Heavy Drinking and the Establishment of the Status of Public Drunkenness Offender

The most significant factor leading to the establishment of the public drunk status appears to be the existence of mediators, usually close social affiliates, who actively introduce the potential offender into a life style characterized by heavy drinking. This is the type of direct learning of deviant patterns that Sutherland and Cressey (46) called "differential association."

Many of the women interviewed commented that they were introduced to alcohol consumption on a regular basis by a boy friend or husband. Most of their drinking occurred in social settings. The male's drinking behaviour appears to be

characterized by heavy consumption and deviant drinking patterns. That is, he drinks cheap wine or both cheap wine and beer in preference to other types of alcohol. In some cases the male has already experienced arrest and conviction for public drunkenness. At the beginning of this stage the potential female offender typically drinks liquor and/or beer. It is only towards the middle of Stage II that she may be confronted with arrest for public drunkenness. The male in her life is usually employed, although his job is often insecure. Several interviewees recalled this stage in their life in the following manner.

> Before I got married, I used to go to dances with my present husband and he always used to carry a flask. I was quite shy then and I used to enjoy it because it made me more sociable. I didn't have any trouble drinking then. It was just the sort of thing we did in those days.
>
> * * *
>
> I didn't drink at all until I started going around with my husband. I had a few drinks with him before we were married but I didn't drink much at all until a few years after the marriage. I had one baby after another and he went drinking alone. He would sometimes bring drink home and drink it there. He's drank heavily ever since I knew him.
>
> * * *
>
> I never drank except socially. And I don't like sitting in those dives just drinking. But my husband makes me go. He brings drink to my room. I used to drink wine with him when he first

started, but I can't stand it, so I won't touch it, but he's getting worse since he started on wine.

Sometimes a close relative may act as mediator.

I had my first drink at the age of 21. I was staying with a married aunt who was living near an army camp. I began to drink heavily almost immediately. There were a great many dances in the mess halls which I attended with my aunt or with friends I met through my aunt. There was a lot of drinking at the dances. There were also a lot of parties. Men from the camp would come to visit my aunt and bring a case of beer with them. They came merely to have a place to drink their beer.

Introduction to sustained alcohol use was often associated with a change of milieu and social affiliations. The change of milieu was frequently characterized by the potential offender leaving the parental home and/or home town and seeking employment in Toronto. The most common form of employment found was either as a waitress or domestic. In some instances these occupational roles introduced her to new companions, usually co-workers, whose life-style sanctioned regular alcohol consumption, especially in the form of beer. The new life-style, however, was often a dramatic change for some of the offenders interviewed.

You know I was so straight-laced when I first came to Toronto. I never heard the word F.... I remember how shocked

> I was when I first heard it. I remember the girls at Murray's. They knew I had trouble and they said, "Come along - let's go to the Colonial." I went with them and ordered a ginger ale. One of the girls said, "Oh, come on! You're not going to have a ginger ale." Finally, I thought, "Oh, well, what the heck, I'll have a beer." I'd been treating them and I thought I might as well try one. Did it ever hit me.

Some of the interviewees recalled that their original purpose in coming to Toronto - employment - was often unrealized. These women usually came to Toronto with some friends from their home town. Generally these friends, unlike herself, were able to find employment. The condition of sustained unemployment often led to loss of the home town friends and the acquisition of social relationships with persons who mediated introduction to increasing alcohol consumption.

> I came to Toronto with three chaps who I knew well. They got work right away, and used to take me out to taverns or dancing. I drank beer mostly and occasionally a little whiskey with ginger ale. I had no effects from this. I met other people and two of the men I came with disappeared. They moved on. We went to parties where I met other people - usually couples. They were drinkers and that's how I got started on wine. I had it at parties and I liked it. Then I began to have it. Maybe it's the sugar.

Once the pattern of continuous and often heavy alcohol consumption has been initiated, the potential offender may

begin to spend most of her time with persons who are heavy consumers of alcohol and who may manifest some form of criminal or social deviance, e.g., public drunkenness or prostitution.

Sooner or later a heavy and sustained drinking pattern results. As the following quotes from two interviewees indicate, this pattern is marked by the appearance of symptoms of developing alcoholism.

> I started drinking with my husband in Nevada. He went around with a fast crowd and drank a lot. I frequently got drunk, but it was not a regular pattern. I felt I could hold my liquor. Now I notice that I black out and can't remember where I was or how I got there.

* * *

> It was Sunday and I had been drinking with some people Saturday. I've been having a lot of blackouts lately and I never used to have them before - I didn't even know what they were. Oh, I couldn't remember things sometimes, but not like now. But I used to remember vaguely what happenened for a couple of days.

The use of alcohol to facilitate social interaction appears to be a major factor which sustains heavy alcohol consumption. By the middle of Stage II the potential offender's social life has become intimately associated with heavy drinking. This tends to preclude the return to a moderate or infrequent drinking pattern.

> When I start, I just keep going. I don't get like that [i.e., drunk] all the time. I'll sit with some friends for an evening, drinking and when I've had enough, I'll

> stop. I don't have a craving, like, I don't have to keep drinking all the time but all my friends drink and I'll have a drink with them even if I don't feel like it. Some of them say, "You won't come in and have a few beers with your friends anymore, will you?" And I just feel awful. I won't really want to drink but they don't understand. I've been so sick with it and I want to stay off sometimes.

Another interviewee noted:

> I got pretty bad very quickly. I moved around from job to job, but I didn't have too much trouble getting them. I like being a waitress. Then I thought I'd better stop drinking. I still had my pride. I was sober for quite a while. But I got so lonely. I didn't go out with my friends anymore because I was afraid to have just one drink. I was afraid that would be the end. I went to a lot of movies and things, but I got bored. I had to have some of the fun I used to have with my friends. I had twenty-one beers that night. Right back again. The next morning it was pretty awful. I never showed up at work again - never went back.

Alcohol may also be used to mitigate the discomfort of withdrawal symptoms which result from a high blood alcohol level over a long period. This also tends to preclude return to a less heavy alcohol consumption pattern. Two interviewees described this drinking pattern.

> I use wine as a hangover chaser. But that's the trouble. I have to drink more and more wine for the shakes and

> that's powerful stuff. That's how I get going for two or three days. I don't eat when I drink. That's the trouble. I forget to eat and it hits me faster.
>
> * * *
>
> Oh, I get severe hangovers every time. I should say so. Just terrible. You've got to have a drink or you're so sick. And one drink isn't enough now to get rid of the shakes. I've got to take more. You get to taking so much to try and get rid of the shakes that you start over again.

As noted previously it was during the middle of Stage II that our interviewees typically experienced their first contact with the police and Court as a result of being drunk in a public place. Usually, the female offender is arrested during her trips between taverns or from a tavern to her home.

> I met this couple [in a tavern] and I started talking to them and you know how it is when you're talking. I just lost track of how many beers I'd had. I didn't realize I'd had so much. Instead of going home, I headed for another tavern. The second tavern is on the way home. I just thought I'd have a couple before I got the bus. I sometimes do that. I'll have a couple and then stop in some place else on the way home. I don't usually have more than two any place. There's at least half a dozen taverns within ten minutes walk from home. I've been to all of them, but I don't go anymore. They won't serve me. I've been cut off at all these places, that's why I took the bus. That's how I got arrested.

The descriptions given by interviewees of their experiences during arrest and appearance before the Women's Court meet Garfinkel's (14) requirements for successful degradation ceremonies[4]. The social interaction and processes surrounding arrest and trial for public drunkenness have the quality of a "rite of passage" into a deviant group with established expectations of behaviour not only within itself but between it and the larger community. The process begins with the arrest and subsequent removal of the individual from the larger community in a police patrol car. The offender is then booked and locked up in a jail cell with other "deviant"

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[4] Garfinkel has attempted to delineate the necessary and sufficient conditions that must exist for the outcome of an event to lead to an individual's classification as a deviant. The key variables which he includes are:

1) The removal of the event and the individual from the realm of the ordinary.

2) The identification of the recurring character of the event and the individual.

3) The unity of the event and person so that the contemplation of either simultaneously includes the one remaining.

4) The denouncer, i.e., agent of social control must present himself as a public figure, legitimately speaking in the name of ultimate and suprapersonal values which he supports.

5) The denounced person must be separated physically from the denouncer and the witnesses to the act of denunciation. The witnesses must have only the choice of being opposed to the event or action. Disagreement can only mean preference for the denounced event and person.

females. Physical comforts are minimal and the behaviour of the more deviant females may frighten newcomers. In the morning, without benefit of toilette, the females are brought to Court. Entrance into the court room is achieved by marching double file through the Court building's hallways. The last of these pre-trial events occurs in the presence of attending police officers and some of the general public.

One interviewee provided the following subjective insights into the effect of these events.

> The worst part of arrest is the walk to the court room. The men line up on either side of the corridors when we're marched into the court room. They're all standing waiting to watch the women drunks and they stare at you and look you up and down. They get a kick out of it but it just makes you feel terrible. That's the worst part, alright.

Within the court room the offenders sit behind a wire mesh screen until their names are called. When called they present themselves in front of the judge. This involves passing in front of the court room spectators and having their name and charge read. This experience appears to deeply affect the female offender.

> You've got no idea what a court room feels like. I'll never get used to that, no matter how often it happens. You're all put in the room sitting down in the cage. I can't bear to look at the spectators. And if you've got someone to pay your fine, they're usually sitting there and they go up to the front and you have to pass in front of all those people to walk out.

> I'd sooner pay my own fine in the back and go out the rear. I just couldn't walk in front of all those people and have them stare at me. I can't even look at the magistrate. I just keep my head down. It's all I can do to say "guilty."

The process described above, as previously noted, has a ritualistic quality. First, the female offender is separated from the larger society, incarcerated with previously initiated deviants, and subjected to physical stress. The next morning she is presented to the larger society in a state where even her physical appearance denotes her "differentness." In the court room she is separated from the spectators and is finally brought before the judge, who publicly charges her with being a "drunkenness offender" and attempts to exorcise her disapproved-of behaviour through payment of a fine or incarceration. This process, it is suggested, helps to establish a deviant social and personal identity.

The process of coming to see herself as a deviant - manifestly different from other human beings - is furthered when the offender cannot pay her fine and is incarcerated. Upon release offenders may see themselves in the following way:

> When I come out of jail, I just dread it, because I think everybody is looking at me. I know a lot of people come out of here - the staff, visitors. I know all that. But it doesn't make any difference. I know I've come out of a prison and I feel ashamed.

With the close of Stage II the potential female drunkenness offender has become one in actuality. Those processes which appear to have contributed to the probability of

this event occurring and having a significant impact upon the social and personal identity of the offender include:

1) Association with significant others who introduce the potential offender to a pattern of sustained and heavy alcohol consumption.

2) The appearance of symptoms of developing alcohol dependence and the intimate association of social life and alcohol use.

3) Stigmatization and labelling of the individual through the processes of arrest, trial, and incarceration.

Stage III: Entrance into a Public Drunkenness Offender Life Style

The behavioural pattern presented in Stage III is characteristic of those women who continue the career process and become fully integrated into the life style of the female drunkenness offender population. This differs considerably from that of the majority of comparable males. These differences and the process which we feel contributes to these differences will be described below.

During or before Stage II most female offenders establish stable relationships with a male. Although the relationships are qualitatively and temporally stable their legal status may be indeterminate. Passage into Stage III appears often to hinge on the employment status and drinking behaviour of the female offender's husband or male liaison. As long as the male

remains employed on a regular basis the female offender's passage into Stage III is inhibited. If his employment becomes irregular as a result of excessive alcohol consumption, a more deviant pattern of drinking behaviour may result. For example, cheap wine may be consumed instead of beer and the amount of alcohol consumed may increase.

> I just started to drink wine last year. Oh, I drank it before, but not the way I do now. I drank mostly beer before and that doesn't bother me. But now I drink mostly wine. I never had trouble with drinking this way till my husband was out of work and started on wine. We used to go to the beverage rooms a lot but we can't afford that anymore, so we get wine.

Another interviewee:

> I don't think about drinking except when people come to drink. But I'll just go weeks without it and not miss it. It's only this past year. When I drink, I don't eat well. It seems the wine fills me up. But when my husband was working, we didn't drink so much.

Increased alcohol consumption on the part of the female results in: (1) increasingly uncontrolled drinking and (2) a state of intoxication or depression which precludes the maintenance of housework routine, physical appearance, and regular eating. One interviewee provided the following lengthy description of this condition.

> I've been getting a lot worse lately. I've been more despondent and I kind of lose track lately of what I drink. It's

> getting up to two bottles of wine a day. I've never had D.T.s or anything like that. I notice the next morning I just feel sick to my stomach. I notice I shake till I get my cup of tea in the mornings. I don't eat anything all morning - just a cup of tea.
>
> I manage to do something around the house - a little bit here and there - otherwise I wouldn't get anything done. But it's not till I get a drink that I feel better - but I don't drink in the mornings. I feel better so I drink some more. But I don't drink until around one or one-thirty. If I have some change, I'll go to the wine store about noon and get a bottle or two but I won't start into it until the afternoon.
>
> I drink port wine. I've noticed that I'm drinking more than a bottle. If I've just got a half a bottle left and there's no money or it's Sunday I won't take that drink, I'll just stay in bed.
>
> Sundays I used to get up and get dressed and make the Sunday dinner and stuff. But now I don't feel I want to do it. I just don't want to be bothered getting dressed and making dinner.
>
> When I drink I get up and get dressed and walk around the house, but it's not very much. Then when I have that drink in the afternoon, I watch T.V. - when it's working, or just keep getting a drink till it's time to make supper.

Visits to taverns and beverage rooms typically decline as the female's pattern of uncontrolled drinking becomes established. Other factors which contribute to a decrease of drinking in public places are lack of money, increasing exploitation by males, and a heightened vulnerability to arrest.

> I guess I thought I was still O.K. I think I could have got home alright if I'd gotten on the bus, but the trouble was I was standing at the stop for the street car. When the police car came along I told him I could get home alright, but I was waiting at the wrong stop to get home. I told him where I lived and where I was going. He said, "You're drunk - you'd better come along with me." I'm beginning to get worried. Getting arrested all the time. It's not really the wine because I get arrested when I go to the beverage room. What's got me a little worried is that I got arrested so soon after the last time. Oh, I get arrested maybe three times a year, but there's usually a long time between. I guess I'll have to stop going to the beverage rooms.

When the female offender does go to a tavern it is often without her spouse or usual male companion. This represents a break with a previous pattern of companionable drinking.

> We used to go to beverage rooms a lot. Now he brings something home. I often go to the beverage rooms without him. But he knows I'm going. I go out for a couple of beers and come home. I'm usually on my way home before eleven o'clock. I always start with wine before going out at night for a couple of beers.

A change in the companionable drinking pattern typically indicates the emergence of an often consciously recognized exchange between male and female. This is especially true with respect to the males she meets in taverns.

> We [she and her husband] were drinking wine and I decided to have a couple of beers and I went to the beverage room. The men who buy your drinks expect you to keep up with them drink for drink. What they do is fill your glass again, even though it's only a quarter empty - right to the top - when they want a drink again. They keep filling your glass so that it's never empty.

The prodromal symptoms of alcoholism which appeared in Stage II - shakes, benders, and blackouts - become more frequent and sustained. New symptoms also manifest themselves. Specifically, drinking bouts become longer and morning drinking becomes established.

> I go on bouts sometimes day after day. And days of the week at a time. I might start off with whiskey. The next morning I've got to have a drink and I'll keep going. I'll wake up and try to suffer it out, but they try to tell me that a drink will help me and keep me from suffering. I've said "no" because I know that with one drink I won't stop. But start over and keep going till I can't take it.

Usually periods of excessive alcohol consumption take place in the home with both the female and her male companion participating and helping one another when they are able.

> Sometimes my husband and I will start together and he'll get over it, and sometimes I'm on when he's off and then he'll be on when I'm not drinking. When my husband's not drinking he'll look

> after me. But he drinks nearly as heavy as I do. Not for as long though, maybe just three days or so.

Once a behaviour pattern marked by: (1) irregular employment on the part of the male, (2) excessive alcohol consumption with frequent occurrence of alcoholism symptoms, (3) a decrease in drinking at beverage rooms or taverns, and (4) recurrent arrest for public drunkenness becomes established, the social and economic viability of the household may weaken. Among the first events to occur is the removal of any children from the home by the Children's Aid Society. The major factor which appears to save the household from immediate dissolution is the existence of some source of economic support. Usually this involves, singly or in combination, spot work on the part of the male, unemployment insurance, welfare, or a pension. An interim period during which the couple receives unemployment benefits is common. The existence of such sources of financial support does not guarantee the continuance of the household, but it appears to be a minimum condition.

Other factors which make possible the maintenance of the household include the absence of flagrant physical abuse on the part of the male and the development of a staggered drinking bout pattern which allows the couple to perform reciprocal caretaking, albeit to a limited extent. The type of relationship which develops can best be described as symbiotic.

Over a period of time the financial basis of the relationship begins to erode. The lack of financial resources often results in the female offender's being unable to avoid going to jail through payment of fine. As one interviewee noted:

> I'm serving full time because my husband is out of work right now and I can't expect him to pay the fine. He's in pretty bad shape. He's lost a lot of jobs because of drinking. He's getting pretty bad now that way.

In the majority of cases the household ultimately dissolves. Usually the woman leaves the man. The interviewees report that the precipitating cause is often physical abuse combined with a lack of financial support. Generally, they express the feeling that their male companion was dragging them down to a level or form of behaviour which they could not tolerate.

After separation many of these women establish common-law relationships or housekeeping arrangements with other males. Initial contact is usually made through friends or in a beverage room. The male typically offers to buy the female a drink with the expectation of companionship and perhaps sexual favours. The selection procedure which allows the female to choose a suitable male, one whose companionship she finds convivial and who can financially provide for her, is quickly learned. Usually such information comes from women she meets in the beverage rooms who already know the ropes.

Though the threat of sexual exploitation has been present in the past, it becomes a paramount consideration for the female offender in this phase of Stage III. Given the nature of her drinking behaviour and lack of financial resources, she is especially vulnerable. In order to avoid potentially exploitative males she tends to rely on two basic devices.

The first device utilizes the rules governing the ladies and escorts section in the beverage rooms of Toronto.

The lone male cannot remain in this section without the permission or cooperation of a female. If a man persists in attempting to pick her up or becomes annoying after a period during which he buys her drinks, the waiter will intervene on behalf of the female if she indicates her annoyance, and remove the man. This manoeuvre also allows the female to obtain drinks without reciprocation even when the male is not offensive.

Her second protective device is to remain sober enough to control the situation.

The male selected as suitable for a common-law or housekeeping arrangement is almost always socially and economically less deviant than her preceding spouse. Usually he is employed or has a source of income such as a pension. His drinking behaviour is characterized by fewer blackouts, less intense shakes, shorter bouts, and less frequent morning drinking than that of the previous male liaison. Sometimes his drinking is even less deviant than that of the female.

The form of social exchange within the new relationship is basically similar to the type which characterized the last phase of her previous relationship. That is, it is consciously recognized that in return for the provision of economic support by the male the female will provide sexual and housekeeping services. Though the primary social exchange system is instrumental, an expressive component does exist. The man and the woman provide each other with companionship during drinking as well as limited nursing services when alcohol withdrawal symptoms are severe. However, the instrumental quality of the relationship is demonstrated by the fact that the female, motivated primarily by a desire to obtain drinks for herself, may engage in prostitution without her man's

knowledge. Usually such prostitution takes the form of undercutting the fee structure of the professional prostitutes.

With the establishment of a new relationship the frequency of arrests for public drunkenness decreases. The female offender is once more able to do most of her drinking in private, thus avoiding being drunk in public. Or, if she drinks in a tavern, her male companion tends to protect her from arrest by such means as taking her home in a taxi.

However, the new relationship is subject to the same vicissitudes as the previous one. Given the existence of a source of income, such as welfare, and the absence of physical abuse, the household may survive. However, as in the case of the preceding relationship, a seemingly inevitable cycle of increased unemployment coupled with increased alcohol consumption begins to disrupt the social exchange upon which the relationship is based. The relationship again dissolves and the cycle of a selection of a new male companion, establishment of a household, and increasing deviance begins again. The foregoing social behaviour pattern is characteristic of most chronic female public drunkenness offenders.

Though the distinctive character of the male-female relationship is the core of the female chronic public drunkenness offender life style, a further elaboration of her deviant role may depend on the outcome of encounters with societal institutions. Towards the end of Stage II and throughout Stage III the female offender typically comes into increasing contact with social service agencies and agencies of social control.

One of the most frequently contacted of the social service agencies is the Salvation Army. To the female drunkenness offender on Skid Row the "Sally Ann" represents a prime source of food and clothing. If she is in jail as a result of public drunkenness the Sally Ann representatives may act as mediators with the outside world.

The Salvation Army and other such social service agencies provide crucial support to offenders but not without some cost to the larger community and the female offender. Although the manifest goal of such agencies is to eliminate the life style of the female offender, in fact they contribute to its maintenance. To begin with they separate the women offenders from the larger society. Some of the women interviewed report that they dislike using such services because it distinguishes them from ordinary citizens who do not need such services. If the female offender does take advantage of the help which social service agencies offer, she may thus be confronted with the adoption of a social role which further differentiates her from the general populace.

Frequent and recurrent contacts with agencies of social control appear to be even more crucial in the elaboration of a deviant social role. For instance, frequently arrested offenders may come to view their deviant social role as "routine," and jail a legitimate source of sustenance and social companionship. For example, these comments:

> I'll say one thing for prison - the food's good. I eat better in here and put on a little weight. I know I'm not skinny, but I feel better when I put on a little weight and I don't lay around in bed or walk around drinking. I guess it will do me good. It breaks the habit. I like to play cards when I'm in here. And then when you get tired of that, the matrons have jigsaw puzzles for people who want to bother putting them together. And they've got books. I read a lot. And then, the rest of the time you just sit and talk to the girls.

The jail becomes part and parcel of their lives. The following are comments of one offender who was given the choice of going to jail or to a hospital - and chose the jail.

> They put me in the dormitory first - I didn't ask to get out of the cells - they really treat you well here. I have to admit that I've had better treatment for alcoholism here [Toronto's Don Jail] than anywhere else.

> The head matron - she says the next time I come here she's going to put soft cement on the floor and stand me in it until it hardens - she doesn't feel I should leave so soon because she knows I'll be right back and won't give myself a chance to get the alcohol out of my system. She's really swell.

> They usually put alcoholics in the hospital. But I asked to come here. But I didn't have to. The [hospital] doctor told me that I didn't have to leave because I should stay in the hospital a few days, but I didn't want to stay. I thought I could get just as good treatment here. I've been in and out of here for years and they know what to do for me.

Most female drunkenness offenders do not go beyond Stage III. The female offender life style described above - serial monogamy coupled with excessive drinking and periods of rest and recuperation in jail - appears to be stable enough to preclude the majority of female public drunkenness offenders from becoming Skid-Rowers. We estimate that within the Toronto area only 25 or 30 women can be considered Skid Row public drunkenness offenders.

Protective Mechanism

In order to understand why only 30 out of 1,400 female offenders compared to 6,000 out of 15,000 male drunkenness offenders were on Skid Row, the concept of "protective mechanisms" was developed. That is, we sought to develop an hypothesis with regard to factors which "protect" female offenders from passage into Stage IV - the Female on Skid Row.

First, we suggest that the social role of the female is much more clearly delineated than that of the male. In particular, the lines separating deviant from non-deviant behaviour are much more clearly drawn. Thus female deviance may be subject to earlier condemnation than similar male deviance. A rhetorical question can be asked to illustrate this point. How would members of the community react to a group of male university students getting "plastered" on a weekend binge compared to a group of co-eds? Hence, it is postulated that female deviance is detected earlier due to more stringent social rules, and condemned to a greater extent than male deviance.

Second, social service agencies contribute to the "protection" of female offenders, although in an unexpected manner. Agencies oriented to the Skid Row female exist but not in the number or capacity of those available to males. At present in Metro Toronto there are 5 shelters with a combined bed capacity for well over a thousand male Skid-Rowers. The three agencies which provide shelter for destitute females have a total bed capacity of less than 50. As the reader will recall, our analysis indicated the core of the Stage III female offender life style was a male-female relationship in which the female provided socio-emotional services in return for economic support. If a large number of female Skid Row services existed then the

female drunk could be supported in much the same manner as the Skid-Rower. Therefore, it is suggested that the absence of a large number of female Skid Row social service agencies may preclude the development of a female Skid Row subculture.

The third factor which may protect her from being caught in the revolving door pattern is the attitude of male police officers towards a female who is drunk in public. When confronted with a female drunk the police officer may prefer sending her home to arresting her and he is encouraged in this decision by the knowledge that she is more likely to have a home or room to be sent to than her male counterpart. Or he may prefer to send her home because he finds intoxicated females more difficult to deal with. This "preventive mechanism" is hypothesized to be most effective during Stage II and the early part of Stage III, when the deviant status of the female drunk is not patent. Females in the later part of Stage III appear to lose this "special consideration" as a result of being clearly identifiable by the police as an habitual drunk. Within the context of an interactionist perspective of deviance it is suggested that labelling as a deviant is delayed by the "special consideration" shown by police to female offenders in the early stages of the career process.

The last "protective mechanism" delimited focuses on the social mobility as of the female offender mate selection process. Our analysis indicates that the Stage III female public drunkenness offender relies for economic support on the male with whom she is currently living. As was pointed out there is a tendency for households to dissolve when drinking and other behaviour become too deviant. Most of the late Stage III and Stage IV interviewees reported several common-law

relationships and numerous housekeeping arrangements. Usually, the behaviour of their new male liaison is less deviant than that of his predecessor. The bargaining power of the female in finding a better male companion appears to be related to the relative scarcity of unattached women in these deviant circles. As long as the female offenders are able to establish relationships with new and less deviant males they are much less likely to appear drunk in a public place or at least alone in public when drunk. Thus, the effect on her of the seemingly inevitable slide of her previous male companion into Skid Row is offset by continuously establishing new households with less deviant males.

Stage IV: The Female on Skid Row

The female Skid Row population is exceedingly small. In most cases the protective mechanisms are effective and efficient. However, about two per cent of the female public drunkenness offenders appearing before the Toronto Women's Court were Skid Rowers.

The most significant factor which leads to the transition from Stage III to Stage IV is the gradual loss of physical attractiveness and the social skills which allow the female offender to fulfill the socio-emotional aspects of the reciprocal relationship between male and female described in Stage III.

The chief signs that such a transition to Stage IV is occurring include: (1) increasing frequency and length of periods of homelessness, (2) increasing dependence on and

acceptance of jail as a home, (3) a neutralization of the female sex role, seen particularly in the tendency of male drinkers to treat her as "one of the boys" and (4) drinking in bottle gangs.

During Stage III the female offender spends most of her time within the physical premises of a room or apartment. However, the increasing periods of homelessness which characterize Stage IV offenders cause her to spend more and more of her time in beverage rooms.

In spite of the time spent in beverage rooms Stage IV offenders do most of their serious drinking elsewhere. The form of drinking indulged in in the beverage rooms is usually of a "coasting" nature. That is, she sits sipping at the same beer for an extended period of time. During the early phase of Stage IV, serious drinking occurs with friends who have access to a room and money for cheap wine. These friends are usually "run into" at night in the beverage rooms. During the summer, parks and alleys become available for drinking purposes. However, in the later phases of Stage IV the offender will typically no longer be in touch with friends who have rooms; parks and alleys will become the predominant place of serious drinking all year round.

> I really don't want to drink - you don't want to drink - but you'll go along the street and someone will come along with a quarter and you'll get together and you have nothing to get a room with, so you go off down an alley or a park someplace and you're into a bottle. Oh, lots of times I don't have a cent. But, I don't know, I always get a drink. Someone will always give you a drink.

The immediate effect of increasing homelessness is a dramatic increase in the female offender's vulnerability to arrest. Without the privacy of a room there is no shelter where she can drink in safety and sleep off the effects of intoxication. Hence, she appears drunk in public places and becomes visible to the police. The effect of homelessness appears to be all the more intolerable upon release from jail.

> I'm homeless. I always had a room before, but this time I haven't any idea what I'm going to do or where I'm going to stay. A Saturday! Of all times to release people. What can you do on Saturday? I won't get any further than Jarvis Street before being pinched again by the police.
>
> * * *
>
> Last time, I hunted high and low for a decent room that wouldn't cost too much. I always have trouble because I like to have a room to myself. If you want to pay $12 a week, there's lots to be had, but I didn't have that kind of money. And I don't like to live in Skid Row, there's too much temptation.
>
> * * *
>
> You know, it's tiring tramping all day looking for a room. It's when you're released, that's the hardest - finding a place before you get discouraged and start to drink. You get out early in the morning and you've got all day to look for a room. Well, when you're discouraged and you stop for a couple of beers - and then you know what happens.
>
> * * *

> I can walk alright but I sing when I drink. I might get by some of the police if I'd just keep quiet but they know that something's not right when they see an old woman walking down the street by herself, singing at the top of her voice.

Increased vulnerability to arrest in Stage IV often results in the paradoxical situation of a decrease in frequency of arrest from Stage III. The explanation for such a phenomenon lies in the fact that Stage IV offenders are usually given longer jail terms and are less able to pay fines (which are also higher) than offenders with shorter records. Thus they are physically removed from exposure to arrest for longer periods of time.

Heterosexual relationships usually change as the offender becomes a Skid Rower. Relationships become increasingly transitory and typically the Stage IV female offender will view her relationships with males from a strictly utilitarian perspective. Her Skid Row status coupled with a loss of physical attractiveness tends to make it difficult for an offender to find economically self-sufficient males. Moreover, the Stage IV offender often loses her ability to provide males with social and sexual services. The loss of physical attractiveness, Skid Row status, and inability to provide socio-emotional services make Skid Row female offenders particularly vulnerable to mistreatment because of the lack of bargaining power which ensues. For example,

> I sometimes meet guys in a tavern. The one I was telling you about I met in a park. He asked me where I lived and I told him I didn't have a place to stay. He did - and he asked me if I wanted to

> come for a drink. This time I got taken in by a guy - and he kicked me out late at night, too; I don't remember why he kicked me out but I didn't want to stay with him. He didn't have any money.

The utilitarian nature of the male-female relationship is often explicitly recognized by Stage IV offenders. Their inability to provide males with socio-emotional services on a sustained basis is usually revealed by a preference for relationships which make as few demands on them as possible.

> I only stay with the men as long as they have money. I don't bother with the ones that don't. The younger men want to go to bed with you and all that, but I stay away from them. I find the young men who hang around can't afford prostitutes and I don't want them if they haven't got any money. The older men who pick you up - most of these men are lonely. You stay with them until they haven't got any money. I take up housekeeping with them until their money's gone.

The inability to maintain sustained relationships with economically self-sufficient males or get regular employment makes it inevitable that the Stage IV offender rely on panhandling, or on charitable or illegitimate sources for economic support. For shelter, Stage IV offenders often resort to all-night restaurants unless they are able to find a girl friend who will put them up for the night. Friends with rooms become increasingly scarce as time goes by, however. Clothes are usually obtained from missions. A small amount of financial support may be obtained from male pensioners. However, ultimately Stage IV offenders rely on prison to look after their subsistence needs for a large part of the time.

Alcohol consumption and source of funds for alcohol typically change in Stage IV. Though wine is consumed throughout the career process it becomes increasingly important as the women become more deviant. Stage IV offenders usually drink cheap wine almost exclusively. The source of the beverage or the money to buy it undergoes a more significant change. Previously, the female offender's major source of alcohol was her spouse or male companion. In Stage IV she usually must depend on the short-term cooperation of other Skid Rowers to pool their resources to obtain alcohol. The social processes which characterize the bottle gang type of drinking has been delineated by Rubington (42). The role of the female offender in such a group reveals the essentially "neutered" nature of the Stage IV female offender. Our observations indicate that she is treated as "one of the guys" within the bottle gang situation - receiving no deference because of her sex.

By this stage of the career process the female offender manifests the whole range of alcoholism symptoms: binges, blackouts, morning drinking, shakes, loss of control and prolonged sprees[5]. However, unlike male Skid Rowers, the female offender rarely uses non-beverage alcohol, e.g., rubbing alcohol, bay-rum, shaving lotion.

In Stage IV the consumption of cheap wine often becomes associated with a belief system which is absent in earlier stages. Many Stage IV interviewees express the belief that wine has almost magical powers over them. They maintain that while they drink it they are prevented from eating or doing anything else constructive. Once they start is is impossible

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[5] We were unable to determine the exact order in which these symptoms appear.

for them to stop drinking until there is no more wine to be had. Their standard of comparison is beer, the drink of the beverage room.

> I don't get drunk on beer. It's that wine, I just get on it and I can't get stopped. I get so sick from that wine. I'm shaking for at least two days. But I usually have another drink of wine and then I start over. But, oh, it's terrible when you stop.
>
> * * *
>
> I think the trouble is that I can't eat with that wine. Beer's too expensive or I'd drink that. I don't really want to get drunk. I don't want to get sick - people don't understand about that wine - they don't understand why you don't stop when you're so sick from it. But I can't afford to drink beer and now I get those shakes the next day. I don't want to stop then because I don't want those shakes to keep going. You just can't feel like eating while you're drinking wine. And then you get drunk and forget, then you feel so sick after you eat. I've gone as much as eight days without food, just living on wine.

The acceptance of loss of control over their drinking behaviour is indicative of the general fatalism and pessimism which pervade the Stage IV offenders' attitudes. They see the world through the eyes of outcasts whose deviant identity is established beyond redemption.

> I feel the worst when I come out of here [jail] because I feel self-conscious. In here, we're all the same and you don't

feel so bad. But when I get out and remember I got no home.....I hate going and trying to get some place to stay and everything. It's such a strain.

***

I've got no money. I usually say what's the use? You've got to get a job right away and you don't have money for an advance on rent. I bump into a friend and go on a bout. I know I shouldn't do it and it's my own fault, but there are times when a woman just doesn't know what to do.

***

Now I'm here [jail] so much and work is hard to get and I don't have a cent. You get into a mess when you're broke like that. I'm getting too old to be spending all my time in prison.

Summary

The career process examination of the female public drunkenness offender has focused on the social interaction which characterizes initiation into and stabilization of the female offender's deviant social role. We noted the prevalence of deviant social behaviour such as illegitimate pregnancy in the pre-alcohol stage which often leads to the development of a deviant status. We also found that parental deprivation and marginal socio-economic childhood family environment were probable factors in the development of a deviant status.

In Stage II we noted the appearance of symptoms of alcoholism and the enhancement of the deviant status which may occur through contact with agencies of social control. The courtroom experience illustrated how labelling can occur. Association with established deviants appeared to further increase the possibility of passage through this career process. The female's marriage to a deviant male was seen as a major factor leading to the establishment of a female offender life style.

The fully developed female public drunkenness offender life style was described in the section on Stage III. It was seen to be characterized initially by economic stability of her male liaison, complementary male-female drinking behaviour, the absence of physical abuse, and mutual companionship and nursing services. Loss of employment on the part of the male, often as a result of excessive drinking, coupled with an increase in physical abuse, typically resulted in the dissolution of the initial household. The picture is of a typical lower class life style except that alcohol consumption is excessive and both partners have usually been arrested for being intoxicated in public.

Following the dissolution of the initial household, a cyclical process ensues. A man is found, a household established, the male becomes increasingly deviant and the household is again dissolved. Each new household thus appears to be subject to the same strains as the initial one - although with an increasing predisposition towards dissolution. This cyclical process was then discussed with respect to the mechanisms protecting the female from arrest, jail, and homelessness. The dissolution of a household and the selection of a new mate were seen as a means whereby the female offender maintained her socio-economic status, since the new mate was typically less deviant than the previous one. The lack of hostels, missions, and other support services for indigent females, together with the reluctance of the police to arrest Stage III female public drunks, were also pointed to as factors precluding the development of a large female Skid Row population.

Finally, the life style of the female Skid Rower was described. This was found to be characterized by homelessness, reliance on prison for economic support, bottle gang drinking, and transitory utilitarian relationships with males. It was noted that only a handful of female public drunkenness offenders could be considered Skid Rowers.

DEMOGRAPHIC CHARACTERISTICS

Population Size and Recidivism

Table XIX-1 presents the number of females annually arrested for public drunkenness over a 10-year period.

TABLE XIX-1

TORONTO CITY FEMALE DRUNK ARRESTS[a]

Year	Number of Arrests
1960	1975
1961	2446
1962	2476
1963	2500
1964	2424
1965	2732
1966	2464
1967	2204
1968	1857
1969	1591

Average = 2267

[a] Toronto Police Department
Planning and Research Division, 1970

From 1960 to 1969 an annual average of 2,267 females were arrested for being intoxicated in public. The peak year for such arrests occurred in 1965. Since that year the number

of female arrests for public drunkenness has consistently declined. Between 1965 and 1969 there was almost 42 per cent decrease in the arrest rate. The drop in arrests in 1969 is partially explained by the opening of an experimental female alcohol detoxication unit in the downtown area of the City of Toronto. During the last three months of 1969 approximately 250 females who would otherwise have been arrested for public drunkenness were sent to the detoxication unit. If we add these females to the 1969 arrest statistics the percentage decrease in arrests since 1965 is reduced from 42 to 32.6 per cent, which is still a significant decrease. At present we can only speculate why this decrease has occurred.

It should be noted that the arrest statistics do not refer to individuals. If an individual is arrested three times, each arrest is counted. Thus, the arrest reports over-estimate the actual size of the female public drunkenness offender population.

Toronto Women's Court data can be used as a basis for estimating the actual size of the population. The distribution of convictions during the 12-month study period is presented in Table XIX-2.

TABLE XIX-2

NUMBER OF INDIVIDUALS CONVICTED FOR PUBLIC DRUNKENNESS IN THE TORONTO WOMEN'S COURT[a]

Number of Convictions	Number of Females	Per Cent
1	963	72.6
2	183	13.8
3	63	4.8
4	41	3.1
5	29	2.2
6	20	1.5
7	12	0.9
8 or more	15	1.1
Total	1,326	100.0

Total number of arrests = 2,175

[a] A 12-month period from October 1, 1960 to September 30, 1961.

An analysis of the data indicates that the ratio of first offenders to multiple offenders is approximately 4 to 5 (based on a total of 2,175 arrests). That is, for every 4 first offenders, 5 multiple offenders were arrested.[6] The average

[6] Total number of arrests is not exactly equal to total number of individuals multiplied by number of convictions. This is because (a) 8 persons were arrested but had their charges dismissed or withdrawn, and (b) we used a category of 8+ convictions.

number of convictions for multiple offenders was 3 1/3.[7] The application of these figures to the average annual arrest statistic of 2,267 delimits the following population estimates: 1,008 first offenders, and 382 multiple offenders.

The population of multiple offenders is probably larger than the estimated 382. The court definition of first offender which we have used refers to the individual arrested only once in a 12-month interval, whereas in fact the individual may have had other drunk arrests prior to the 12-month study period. Thus, true multiple offenders may account for a larger proportion of the arrests than these figures would indicate.[8]

Age

Comparison of the Toronto Women's Court sample and the Toronto city female population with respect to age is presented in Table XIX-3.

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[7] Calculated from raw data.

[8] Twenty per cent of male first offenders were actually multiple offenders. (Ch. XVII, p.5 - The First Offender).

TABLE XIX-3

COMPARISON OF TORONTO COURT AND TORONTO CITY FEMALES BY AGE (INDIVIDUALS)

Age	Toronto Women's Court %	Toronto City[a] %
21-30	24.6	21.7
31-40	34.7	21.1
41-50	26.1	17.0
51-60	11.8	15.7
61 and over	2.8	24.5
Total N	(1285)	(342,601)
Mean[b]	37.8	45.3

[a] D.B.S., 1961 Census, Vol. I, Part II, Table 23.

[b] Based on 5-year intervals.

Over three-fifths of the Toronto Court sample are between 31 and 50 years old, compared to slightly less than two-fifths of the Toronto City female population. The most significant difference between the two populations exists in the 61 and over age group. Almost 25 per cent of the city population is over 60 years old, while only 2.8 per cent of the Court sample falls into this age range.

Comparison with other female offender populations was limited because only one study investigated the general population of females arrested for public drunkenness.

Bacon's (1) "Survey of all persons arrested for [public] drunkenness in a 5-week period in 5 large and 3 small towns in Connecticut during the early months of 1942" included 42 female offenders. Information available on the age of 31 of the 42 female offenders showed that the mean age was 37.6 years.[9] The age distribution was skewed toward the middle-age bracket (over 43 of the women were between 30 and 49 years of age) and women over 50 were significantly under-represented when the offender population was compared to the general population of Connecticut over 14 years of age (1). This age distribution pattern is strikingly similar to that of the Toronto female offender population.

Occupation

Table XIX-4 presents a comparison of the Toronto Women's Court sample and the Toronto city adult female population with respect to occupation.

Almost 90 per cent of the female offenders state that they engaged in service occupations in comparison to less than 20 per cent of Toronto females. Participant-observation findings and our interview data indicate that the overwhelming majority of female offenders are employed as domestics when they work and that by the time of first arrest already manifest an intermittent employment pattern as unskilled labourers. They tend to enter the labour force with minimal education and skills.

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[9] Calculated from Bacon's data.

TABLE XIX-4

COMPARISON OF TORONTO WOMEN'S COURT AND TORONTO CITY FEMALES BY OCCUPATION (INDIVIDUALS)

Occupation[a]	Toronto Women's Court %	Toronto[a] City %
Managerial, professional, clerical, sales	6.1	58.2
Service	89.2	23.6
Skilled workers[b]	3.8	16.6
Unskilled workers (labourers)	0.9	1.6
Total	100.0	100.0
Total N	(1,061)	(115,603)

[a] D.B.S. 1961 Census, Vol. III, Part 1, Table 7.

[a] D.B.S. statistics refer to comprehensive D.B.S. categories.

[b] Craftsmen, production process and related workers.

Birthplace

Nearly 88 per cent of females arrested for public drunkenness in Toronto were born in Canada (Table XIX-5). Immigrant groups with the exception of the United States born females are all under-represented. The largest non-Anglo-Saxon immigrant population in Toronto is Italian. In 1961 Italian women composed 8.6 per cent of the Toronto city adult female population[10], yet

[10] D.B.S. 1961 Census of Canada, Vol. 1, Part 3, Table 83.

only one female of Italian descent was arrested for public drunkenness within the 12-month period during which data were collected.

TABLE XIX-5

COMPARISON OF TORONTO COURT AND TORONTO CITY FEMALES BY PLACE OF BIRTH (Individuals)

Place of Birth	Toronto Women's Court %	Toronto City[a] (20 years and over) %
Canada	87.9	60.0
U.K.	6.3	12.6
U.S.	1.6	1.3
Europe	3.5	24.0
All Others	0.7	2.1
Total	100.0	100.0
N	(1,226)	(342,601)

[a] D.B.S. Vol. I, Part 2, Table 52, 1961

Distribution of Arrests by Police Districts

The distribution of arrests for public drunkenness by 1961 Toronto City Police Districts[11] is summarized in Table XIX-6. Eighty-two per cent of the arrests occurred in the three police districts located in the central city area. Slightly more than 15 per cent of the arrests took place in those areas contiguous to the central city while less than 3 per cent of the public drunkenness offenders were arrested in non-contiguous or outlying areas of Toronto City.

An analysis of recidivism by police districts (Table XIX-7) reveals a similar gradient of arrests from the central city to the outlying areas. Over 86 per cent of multiple offenders were arrested in the central city compared to 11.3 per cent in the contiguous areas and 2.2 per cent in the outlying regions. The gradient of first offender arrests is not as sharp as that of multiple offenders. Slightly more than 79 per cent of first offenders were arrested in the central city, 17.3 per cent in the surrounding areas and 3.6 per cent in the outlying areas.

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[11] The boundaries of these police districts were changed in 1963.

TABLE XIX-6

FEMALE PUBLIC DRUNKENNESS ARRESTS BY
POLICE DISTRICTS IN TORONTO CITY, 1961
(Appearances)

Police District	Number of Arrests	
	N	%
Central City		
District 1	753	34.6
3	235	10.8
4	795	36.6
	1,783	82.0
Surrounding Areas		
District 5	64	2.9
6	95	4.4
7	54	2.5
8	77	3.5
11	40	1.8
	330	15.1
Outlying Areas		
District 9	23	1.1
10	29	1.3
12	10	0.5
	62	2.9
Totals	2,175	100.0

TABLE XIX-7

RECIDIVISM BY POLICE DISTRICTS IN TORONTO CITY, 1961[a]
(Appearances)

Police District	First Offenders		Multiple Offenders	
	N	%	N	%
Central City				
District 1	337	33.7	247	36.3
3	110	11.0	66	9.7
4	345	34.4	275	40.5
	792	79.1	588	86.5
Surrounding Areas				
District 5	28	2.8	20	2.9
6	51	5.1	23	3.4
7	32	3.2	10	1.5
8	36	3.6	20	2.9
11	26	2.6	4	0.6
	173	17.3	77	11.3
Outlying Areas				
District 9	12	1.2	5	0.7
10	19	1.9	6	0.9
12	5	0.5	4	0.6
	36	3.6	15	2.2
Totals	1,001	100.0	680	100.0

[a] Information on offender status was not available for 484 persons.

Discussion

One of the major elements in determining the validity of a finding is the reliability of the data. In the present study the data on age, occupation and birthplace were obtained from police and court records. The information consists of self-reported statements recorded by the police upon arrest. The accuracy of the data obtained under circumstances in which the informant is intoxicated is questionable. Occupational and marital data appear especially subject to inaccuracy[12]. Unless specifically instructed, the subject may offer one of several answers in response to a question regarding her occupation. For instance, she may report her present occupation, the best occupation she has ever held, the job she usually performs in jail, or she may invent one for the occasion. The data collection methods of the court did not distinguish between these various types of response. Such distinctions are especially important if valid comparisons are to be made with the general adult female population since census data reflect the current occupation status of populations.

Three explanations may account for the skewed age distribution reported. First, the police may refrain from arresting older females for public drunkenness. Our Toronto participant observation findings contradict this thesis, however. It was observed that the police view the arrest of "old timers" as in their own best interest. Arrest protects them from muggers and gives them decent shelter, albeit in jail. Wilson (53) and Skolnick (45) have discussed the effect of police policy and organization on arrest patterns. Their studies appear to indicate that public drunkenness is one of the areas of law enforcement in which the police have wide discretion. The amount of

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[12] The data on marital status were not presented due to obvious discrepancies when the information was cross-checked.

discretion they have with respect to arrests for public drunkenness is, according to Wilson, related to types of city government and police organizational styles. To the extent to which this discretion exists, it can be expected to influence the age distribution of persons arrested for public drunkenness.

Second, it is possible that older women may not be able to cope with the hardships inherent in the life-style of the public drunkenness offender. Thus, they may "voluntarily" withdraw or be involuntarily withdrawn from the population. Giffen, et al. (39) found that incapacitating illness appeared to be a significant factor leading to involuntary retirement for male chronic drunkenness offenders. The female offenders may tend to "retire" to homes for the aged or to drink more circumspectly when they become pensioners.

Finally, the age distribution may also be indicative of a higher mortality rate among middle-aged female drunks compared to Toronto city females. No direct evidence was available to test this hypothesis. However, a study of males who had been incarcerated for public drunkenness 20 years earlier revealed a higher mortality rate among these men than the general male population of the same age range, but an equally high mortality rate among female offenders would not be sufficient to account for the great decline in female arrests after age 60.

A brief word will suffice on the geographical distribution of arrests. The central city of Toronto appears to be a "natural area" for social outcasts such as public drunkenness offenders. The data on recidivism further indicates that multiple offenders are even more likely than first offenders to be arrested in the central business district.

THE ADMINISTRATION OF JUSTICE

The present section examines the relationship of age and number of convictions with the response of the administration of justice, i.e., court, police, custodial institutions, to a female drunk in public.

Time of Arrest

The relationship between time and day of arrest and number of offences for public drunkenness is examined in Tables XIX-8 and XIX-9. Significant differences between first offenders and multiple offenders (two or more arrests in 12 months) with respect to time of arrest were found. Specifically, multiple offenders were significantly over-represented among females arrested during the time period 9:00 a.m. to 6:00 p.m. When the factor of day of arrest was introduced multiple offenders were found to be significantly over-represented among females arrested for public drunkenness during the week-days (6:01 a.m. Sunday to 9:00 p.m. Friday). First offenders were over-represented in police arrests during the weekend (3:01 p.m. Friday to 6:00 a.m. Sunday).

TABLE XIX-8

TIME OF ARREST AND OFFENCE STATUS
(Appearances)

Time	Offence Status					
	First Offenders		Multiple Offenders		Total	
	N	%	N	%	N	%
12:01 a.m. - 9:00 a.m.	453	45.0	286	41.0	739	44.0
9:01 a.m. - 6:00 p.m.	153	15.0	171	25.0	324	19.0
6:01 p.m. - midnight	400	40.0	235	34.0	635	37.0
Totals	1,006	100.0	692	100.0	1,698	100.0

TABLE XIX-9

WEEKDAY AND TIME OF ARREST BY
OFFENDER STATUS
(Appearances)

Weekday and Time	Offender Status					
	First Offenders		Multiple Offenders		Total	
	N	%	N	%	N	%
3:01 p.m. Friday to 6:00 a.m. Sunday	424	42.0	184	27.0	608	36.0
6:01 a.m. Sunday to 3:00 p.m. Friday	587	58.0	494	73.0	1,081	64.0
Totals	1,011	100.0	678	100.0	1,689	100.0

Disposition

Virtually all persons arrested for public drunkenness in Toronto in the period of the study appeared before the court for trial. The Ontario Liquor Control Act formally limits the Court's range of choice in deciding penalty upon conviction. During the course of the study the Act was amended. For the first 19 days during which Court data on female offenders were collected (January 1 to January 19, 1961) the law stipulated for a first offence a fine of $10 to $50 or up to 30 days imprisonment in default of immediate payment; for a second offence, a fine of $50 to $100 or from one to two months imprisonment in default of immediate payment; for a third or subsequent offence imprisonment of 3 to 6 months without option of a fine.

The new penalty clauses that formally governed the Court for the remainder of the study period provided for a fine of not more than $50 regardless of number of offences and gave the magistrate the power to commit an offender, on third or subsequent conviction within 12 months, to "an institution for the reclamation of alcoholics" for 30 days, or any offender for 90 days to such an instituion if he consented. Thus the fines for repeaters were reduced, the mandatory term for third offence was eliminated. The right to give offenders time to pay their fines was introduced and the right to commit an offender for treatment was instituted[13]. Evaluation of our data indicated that although the law became less punitive the change did little more than formalize practices already being followed by the Courts.

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[13] The section of the law change is taken from Chapter V The Courts, of the Chronic Drunkenness Offender by Giffen et al. pp. 23-24.

Fine and Term

An analysis of fine and term dispositions with respect to offender status is presented in Tables XIX-10 and 11. Eighty-eight per cent of appearances (N=2,256)[14] before the Toronto Women's Court for public drunkenness resulted in a fine or term disposition. That is, the convicted offender was required to pay a fine or serve a term in jail. In over two-thirds of the cases the fine levied was $12.50 or less. Approximately the same proportion of offenders received terms of 7 days or less.

The examination of the relationship between offender status and fine revealed that while almost all first offenders received fines of $12.50 or less, only 13.5 per cent of multiple offenders were fined that little (Table XIX-10). Similar results were found with respect to term (Table XIX-11). Nearly all first offenders were sentenced to terms of 7 days or less while only 21.2 per cent multiple offenders received these short sentences. Thus, multiple offenders were more likely to receive stiffer penalties than first offenders.

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[14] Total number of appearances for which information on disposition was available, see Disposition and Outcome for breakdown of dispositions. p.81

TABLE XIX-10

CLASS OF FINE BY CONVICTIONS FOR PUBLIC DRUNKENNESS

(Appearances)

Class of Fine	Convictions			
	First Offenders		Multiple Offenders	
	N	%	N	%
$12.50 or less	981	98.1	89	13.5
$12.51 - 22.50	13	1.3	247	37.4
$22.51 - 47.50	2	-[a]	193	29.2
$47.51 and over	4	-[a]	131	19.9
Total	1,000	100.0	660	100.0

[a] Less than 1%

TABLE XIX-11

CLASS OF TERM BY CONVICTIONS FOR PUBLIC DRUNKENNESS

(Appearances)

Class of Term	Convictions			
	First Offenders		Multiple Offenders	
	N	%	N	%
7 days or less	947	97.8	140	21.2
8 - 12 days	14	1.4	212	32.1
13 - 22 days	3	-[a]	75	11.3
23 - 32 days	2	-[a]	174	26.5
33 days or more	2	-[a]	59	8.9
Total	968	100.0	660	100.0

[a] Less than 1%

Incarceration

Imprisonment for public drunkenness is in almost all cases the result of an inability to pay the fine imposed by the magistrate[15]. For purposes of this study the distinction between ability and inability to pay a fine was made as conservative as possible. Individuals who paid their full fine in jail (and were released the same day) were not classified as having been incarcerated.

Tables XIX-12 and XIX-13 compare incarcerated and non-incarcerated female public drunkenness offenders with respect to age and offender status. The women who were not imprisoned were found to be significantly younger than those who were; for example, only 12.1 per cent of the women who avoided imprisonment were over 50 years of age while 17.4 per cent of those who went to jail were in this age range. Comparison by offender status revealed that almost all non-incarcerated women were first offenders, but less than half of those who went to prison were first offenders. Thus, those whose trials lead to imprisonment are, in general, older and more likely to be recidivists.

Disposition and Outcome

The term disposition technically refers to the choice among the decisions which the Court may render in adjudicating a trial. In the case of the public drunkenness offender five types of disposition were available to the Court: charge dismissed, suspended sentence, fine or term, straight term, and commital for treatment. The option to commit an offender for

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[15] Only 55 appearances before the court resulted in a sentence without option of a fine.

TABLE XIX-12

COMPARISON OF NON-INCARCERATED AND INCARCERATED COURT SAMPLES WITH RESPECT TO AGE
(Individuals)

Age	Non-Incarcerated		Incarcerated		Total	
	N	%	N	%	N	%
21 - 35	309	46.1	219	35.6	528	41.1
36 - 50	280	41.8	289	47.0	569	44.3
51 and over	81	12.1	107	17.4	188	14.6
Total	670	100.0	615	100.0	1,285	100.0

TABLE XIX-13

COMPARISON OF NON-INCARCERATED AND INCARCERATED COURT SAMPLES BY OFFENDER STATUS
(Individuals)

Convictions	Non-Incarcerated		Incarcerated		Total	
	N	%	N	%	N	%
First Offenders	672	97.7	300	48.5	972	74.4
Multiple Offenders	15	2.3	319	51.5	334	25.6
Total	687	100.0	619	100.0	1,306	100.0

treatment was introduced on January 20, 1970, approximately three months after the start of data collection. A sixth type of disposition could be introduced by the Crown Attorney since he could withdraw the charges. In practice, the overwhelming majority of female offenders received either suspended sentences or an alternative fine or term. The Court data indicate that less than 7 per cent of the dispositions resulted in charges being withdrawn (2.4%), dismissed (2.0%), or straight term without option of a fine (2.4%), and no female was committed for treatment during the 12-month study period.

If an offender receives a fine or term, or straight term disposition one of several situations may follow.[16] That is, the Court, the Attorney-General, and the offender have further choices after disposition is made. These choices will be referred to as outcomes.

An individual receiving a fine or term disposition has two immediate alternatives open to her - she can pay her fine or serve her term. If she is unable to pay, the Court may give her time to pay if she is considered a good credit risk.[17]

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[16] In theory an offender receiving a suspended sentence can be returned to the Court and sentenced if he fails to live up to certain conditions. In practice, such an event is rare for minor offences. During the time of the study no conditions were attached to any suspended sentences for public drunkenness. Offenders who were arrested after having received a suspended sentence for the previous offence were sentenced for the current offence without reference to the suspended sentence.

[17] This option became available after the January 20, 1961 change of law. See preceding discussion on disposition for details of law change.

If she is jailed she may also pay the remaining portion of her fine after serving part of her sentence. In such cases the original amount of the fine is reduced proportionately for each day of the sentence served. Another option open to imprisoned persons is to petition the Attorney-General's office for clemency and a reduction in sentence. The number of petitioners is unknown, although during the study period four petitioners were successful in their efforts to secure clemency. Finally, reduction of sentence may be obtained through good conduct, if the offenders are serving their terms in reformatories rather than the city jail. Approximately 4 per cent of those imprisoned had their sentences reduced for good behaviour.

With respect to place of imprisonment, individuals serving out full terms of 80 days or more, or whom the Toronto Don Jail staff felt they could not control, could be sent to Mercer Reformatory. At the time of the study both offenders and the Don Jail female staff perceived Mercer as a worse place to be than the Don Jail. An option also existed whereby the Court could commit an offender for treatment for alcoholism. To our knowledge this outcome was never utilized by the Court during the study period because of a lack of suitable treatment facilities. No "institution for the reclamation of alcoholics" had been created to deal with female alcoholics.[18]

Finally, situational factors could affect the outcome. For example, one offender was transferred from jail to hospital because of illness. Instances such as this were rare, however. Only 0.8 per cent of the offenders had their dispositions so affected.

Tables XIX-14 and XIX-15 summarize the relationship between age, previous arrests for public drunkenness, and the outcome of the conviction. Five outcome types were utilized:

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[18] Andrew Mercer Reformatory was designated a Reclamation Centre for female alcoholics February 7, 1967, under Section 103 of the Liquor Control Act, Revised Statutes of Ontario, 1961.

(1) suspended sentence, (2) paid fine in full, (3) paid part of fine in jail, (4) served full term in Don Jail and (5) served full term in Mercer Reformatory. These categories were made as definitive as possible. For instance, persons who paid their full fine in Court or Jail and those who were given time to pay their fine were grouped in the "Paid Fine in Full" category. Offenders sent to Mercer were listed separately from those sent to the Don Jail because of the attitude toward that institution on the part of both the drunks and Don Jail staff.

Older offenders were found to be significantly over-represented among those serving their full terms, and younger offenders among those paying their fine in full. However, older offenders were over-represented among persons receiving suspended sentences.

The analysis of the relationship between previous number of public drunkenness convictions and outcome revealed that offenders with three or more convictions were significantly over-represented among those paying part of their fines in jail and serving their full terms in Mercer Reformatory. First offenders were over-represented among those paying their fines in full.

In general, the older an offender or the larger the number of previous public intoxication arrests the more likely she is not to pay her fine and to serve her full sentence in Don Jail or Mercer Reformatory. The chief exception to this is where older female offenders receive a disproportionate number of suspended sentences.

TABLE XIX-14

OUTCOME OF COURT DISPOSITIONS BY AGE[a]
(Appearances)

Outcome	Age				
	21-35	36-50	51 or More	Total	
	N	N	N	N	%
Suspended Sentence	45	34	43	122	6.1
Paid Fine in Full	449	346	171	966	48.3
Paid Part of Fine in Jail	104	101	50	255	12.8
Served Full Term in Don Jail	167	259	146	572	28.6
Served Full Term in Mercer Reformatory	18	35	30	83	4.2
Total	783	775	440	1,998	100.0

[a] Excludes those receiving the Attorney-General's clemency, transfer to hospitals, reduction in terms for good behaviour, charges dismissed, charges withdrawn, and those on which no information was available.

TABLE XIX-15

COURT DISPOSITION BY NUMBER OF CONVICTIONS
(Appearances)

Outcome	Number of Convictions				
	1	2	3 or More	Total	
				N	%
Suspended Sentence	58	11	8	77	4.7
Paid Fine in Full	646	103	49	798	48.8
Paid Part of Fine in Jail	68	53	95	216	13.2
Served Full Term in Don Jail	270	83	115	468	28.7
Served Full Term in Mercer Reformatory	1	1	73	75	4.6
Total	1,043	251	340	1,634	100.0

[a] Excludes those receiving the Attorney-General's clemency, transfer to hospitals, reduction in term for good behaviour, charges withdrawn, charges dismissed, and those on which no information was available.

Age and Offence

Table XIX-16 examines the relationship between age and number of convictions for public drunkenness.

Multiple offenders were found to be significantly over-represented among drunks 51 years and older. The relationship between age and number of convictions was also investigated in a more direct manner through the use of the product-moment correlation technique. The correlation coefficient, r, was found to be 0.178, df = 1,761. This is significant at the 0.001 level.

Thus the older the offender the more likely she is to have two or more convictions for public drunkenness in a 12-month period.

TABLE XIX-16

RELATIONSHIP BETWEEN AGE AND NUMBER OF CONVICTIONS
(Appearances)

Age	First Offenders		Multiple Offenders		Total	
	N	%	N	%	N	%
21 - 30	292	27.6	147	20.9	439	24.9
31 - 40	358	33.9	194	27.6	552	31.3
41 - 50	270	25.5	196	27.8	466	26.5
51 - 60	110	10.4	123	17.5	233	13.2
61 - 70	24	2.3	39	5.5	63	3.6
71 and over	3	.3	5	.7	8	.5
Total	1057	100.0	704	100.0	1761	100.0

Gender

Several researchers, as noted in the review of the literature, report that social reaction to drunkenness in women is more severe than in the case of comparable males. Is there a similar discrimination in the administration of justice?

Table XIX-17 compares male and female offenders by number of convictions for public drunkenness. A significantly smaller proportion of male offenders were found to be first offenders and more were multiple offenders than would be expected on the basis of the female offence distribution.

Comparisons of male and female offenders with respect to amount of fine imposed by the Court are presented in Table XIX-18. On the average, female offenders were found to be more likely to receive lower fines than male offenders. When offence status is controlled, no significant differences between male and female first offenders on the basis of amount of fine were found. Comparison of multiple offenders indicated that female recidivists tended to receive higher fines in general than male multiple offenders.

Similar comparisons were conducted for term or length of sentence (Table XIX-19). Overall, no clear pattern emerged. Female offenders were found to be significantly more likely to receive terms of 7 days or less and 33 days or more, while male offenders were more likely to receive terms of 13 - 22 days. No significant differences between male and female first offenders on the basis of length of term were found. However, female recidivists were found to be more likely to receive terms of 23 days or over than male recidivists.

The above findings show that no consistent "double standard" exists in regard to the disposition policies of the Court. Though females, in general, were found to get lower fines than males, no consistent pattern could be found in the case of terms of imprisonment. When number of offences was controlled, the Court did not appear to differentiate between male and female first offenders but consistently imposed higher fines and longer terms on female multiple offenders. Thus, though several researchers point out the existence of a more severe societal reaction to excessive alcohol consumption on the part of females than males, the phenomenon does not appear to affect Court disposition policies in any consistent way. Only female multiple offenders statistics show a reasonably defined pattern of more severe fines and terms than males.

TABLE XIX-17

COMPARISON OF MALE AND FEMALE OFFENDERS BY NUMBER OF CONVICTIONS FOR PUBLIC DRUNKENNESS (Appearances)

	Female Offenders [a]		Male Offenders [a]	
	N	%	N	%
First Offenders	1000	65.1	1607	51.1
Multiple Offenders	536	34.9	1539	48.9
Totals	1536	100.0	3146	100.0

[a] Only persons on whom disposition data were available are included.

Finally, it should be noted that the finding on population distributions by offences supports the idea of "protective mechanisms" presented earlier. Significantly more male drunks were found to be multiple offenders than female drunks, thus pointing to the existence of pathways which channel female drunks away from a chronic recidivism.

TABLE XIX-18

COMPARISON OF MALE AND FEMALE OFFENDERS
WITH RESPECT TO AMOUNT OF FINE
(Appearances)

Class of Fine	Female Offenders						Male Offenders					
	First Offenders		Multiple Offenders		Total		First Offenders		Multiple Offenders		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
$12.50 or less	981	98.1	89	16.6	1,070	69.7	1,605	99.9	292	19.0	1,897	60.3
$12.51 to $22.50	13	1.3	147	27.4	160	10.4	2	*	580	37.7	583	18.5
$22.51 to $47.50	2	*	181	33.8	183	11.9	-	-	418	27.2	419	13.3
$47.51 and over	4	*	119	22.2	123	8.0	-	-	249	16.1	249	7.9
Total	1,000	100.0	536	100.0	1,536	100.0	1,607	100.0	1,539	100.0	3,148	100.0

* Less than 1%

TABLE XIX-19

COMPARISON OF MALE AND FEMALE OFFENDERS
WITH RESPECT TO TERM OF SENTENCE
(Appearances)

Class of Term	Female Offenders						Male Offenders					
	First Offenders		Multiple Offenders		Total		First Offenders		Multiple Offenders		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
7 days or less	947	97.8	140	21.2	1,087	66.8	1,606	99.7	324	21.0	1,930	61.3
8 to 12 days	14	1.4	212	32.1	226	13.9	4	*	493	32.0	497	15.8
13 to 22 days	3	*	75	11.3	78	4.8	1	*	307	20.0	308	9.8
23 to 32 days	2	*	174	26.5	176	10.8	-	-	353	23.0	353	11.2
33 days or more	2	*	59	8.9	61	3.7	-	-	61	4.0	61	1.9
Total	968	100.0	660	100.0	1,628	100.0	1,611	100.0	1,538	100.0	3,149	100.0

* Less than 1%

Discussion

The results of the analysis of the data on the court dispositions and outcome can in large part be accounted for by reference to (1) the extent of integration into the female public drunkenness life style, (2) the policies of social control agencies, especially the Court and custodial institutions, and (3) prevailing cultural attitudes toward alcohol consumption and drunkenness in North American society.

North American society designates certain social situations such as New Year's Eve parties, closing business deals, and specific times and days of the week, e.g., Saturday night, as more appropriate than others for alcohol consumption. In general, the culture tends to tolerate alcohol consumption during working hours and weekdays to a lesser extent than weekends and evenings. Our career analysis revealed that the overwhelming majority of female offenders are by birth members of lower class populations. It was noted that members of this class tend to have few marketable economic skills except as labourers or unskilled service personnel, such as domestics, and that they drink in public beverage rooms or taverns rather than in private residences as do middle class persons. Furthermore, the analysis delineated how female offenders starting from the above status progress along a continuum of increasing social and economic marginality which may result in homelessness, drinking in parks and alleyways and almost complete dependence on custodial institutions. Increasing age and arrests for public drunkenness were correlated with this progression. Given the above norms and the more deviant life style of multiple offenders, the finding that multiple offenders are over-represented among persons arrested during working hours and

weekdays is not surprising. Conversely, the over-representation of first offenders among persons arrested during weekends reflects the less deviant life style which generally characterizes that group.

The finding that the Court imposed higher fines and longer terms on multiple offenders reflects the Court's perception of multiple offenders as more deviant, the legal tradition that recidivists receive greater punishment, and the extent to which multiple offenders are in greater need of custodial care.

The findings with respect to incarceration also revealed that increasing age and multiple offender status were associated with imprisonment. Social and economic marginality, coupled with higher fines for multiple offenders, accounts for the over-representation of older and multiple offenders among incarcerated drunks. The same logic accounts for the pattern of older and multiple offenders being over-represented among drunks who serve out their full terms rather than pay their fine. Given the added facts that older and multiple offenders receive longer terms and are more likely to be among those who are hard to handle, the finding that older and multiple offenders are more likely to be transferred to Mercer Reformatory can in large part be explained.

The major exception to the above pattern was the finding that older offenders are also more likely to receive suspended sentences than younger offenders. We feel this reflects the policy of the Court to give older offenders, especially those who are first offenders or who appear to the Court to be infrequent recidivists, "a break." But the Court also sometimes expresses the sentiment that jailing older offenders is in their own best interests.

In summary, older and multiple offenders tend to be more deviant than first offenders. The consequent action of the Court in large part accounts for the findings presented in this section.

THE INTERVIEW SAMPLE: ITS RELATIONSHIP TO THE WOMEN'S COURT POPULATION

The interview sample consists of 65 women selected from those incarcerated in Toronto's Don Jail for public drunkenness. The present section attempts to discover how representative a sample this is of the Toronto Women's Court population. The interview sample was compared with respect to age and offender status to three groups of female public drunkenness offenders: (1)all female offenders brought to trial in the Toronto Women's Court during the 12-month study period,(2)those offenders who have been jailed for public drunkenness,and (3)those who have been convicted but never jailed. Such comparisons are necessary if the boundaries of relevance of our interview sample findings to the total Metro Toronto female offender population are to be determined.

Age.- No significant differences with respect to age were found between the interview sample and the three comparison populations. (Table XIX-20) However, there was a tendency for offenders older than 51 to be over-represented among the interview sample compared to the non-incarcerated females and the total Court population. Thus, in general, the interview sample was found to be representative of the total female drunkenness offender population on the basis of age.

TABLE XIX-20

COMPARISON OF THE INTERVIEW SAMPLE WITH TORONTO WOMEN'S COURT - INCARCERATED AND NON-INCARCERATED POPULATIONS - WITH RESPECT TO AGE

Age	Interview Sample (Individuals)		Incarcerated Court Pop.		Non-incarcerated Court Pop.		Total Court Population	
	N	%	N	%	N	%	N	%
21-35	25	38.5	219	35.6	309	46.1	528	41.1
36-50	28	43.0	289	47.0	280	41.8	569	44.3
51 and over	12	18.5	107	17.4	81	12.1	188	14.6
Total	65	100.0	615	100.0	670	100.0	1285	100.0
Mean Age	40.80[a]		40.28[b]		38.67[b]		38.82[b]	

[a] Calculated from raw data.
[b] Calculated from data arranged in 5-year intervals.

Note: Data on interview sample collected from Jan.4, 1961 to Apr.17, 1962. Data on Court population collected from Oct.1,1960 to Sept.30, 1961.

Convictions.- In examining the data on public drunkenness convictions the reader should keep in mind that offender status categories are based upon number of convictions during 12 months.

Table XIX-21 shows that females with 5 or more convictions for public drunkenness are highly over-represented among interviewees. Only 12.3 per cent of the jailed female drunks and only 1.0 per cent of the non-incarcerated females had 5 or more convictions, compared to 54.0 per cent of interviewees.

TABLE XIX-21

COMPARISON OF THE INTERVIEW SAMPLE WITH TORONTO WOMEN'S COURT POPULATION BY OFFENDER STATUS WITHIN A TWELVE-MONTH PERIOD (Individuals)

Offender Status	Interview Sample		Incarcerated Court Pop.		Non-Incarc. Court Pop.		Total Court Pop.	
	N	%	N	%	N	%	N	%
1 - 4	30	46.0	543	87.7	681	99.1	1224	94.0
5 or more	35	54.0	76	12.3	6	0.9	82	6.0
Total	65	100.0	619	100.0	687	100.0	1306	100.0

The overall figures for the interview sample, and the total Women's Court population, show that only 6.0 per cent of the total population had 5 or more convictions, compared to 54.0 per cent of interviewees. When we controlled for age (Table XIX-22) the findings were not altered.

The findings reveal that the sample is, in general, representative of the total female drunk population with respect to age, but that it is significantly different when compared on the basis of number of convictions for public drunkenness over a 12-month period. Thus, the interview sample appears to consist of significantly more deviant female drunks than the total

TABLE XIX-22

COMPARISON OF INTERVIEW SAMPLE AND TOTAL WOMEN'S COURT POPULATION BY NUMBER OF CONVICTIONS, WITH AGE HELD CONSTANT

(Individuals)

Convictions	Interview Sample[a]		Total Court Sample[b]	
	N	%	N	%
(1) Age: 21 - 34				
1 - 4	13	52.0	296	97.4
5 or more	12	48.0	8	3.6
Total	25	100.0	304	100.0
(2) Age:35 or more				
1 - 4	18	45.0	916	93.0
5 or more	22	55.0	69	7.0
Total	40	100.0	985	100.0

[a] Data on Interview Sample collected from Jan. 4, 1961 to Apr. 17, 1962.

[b] Data on Total Court Sample collected from Oct. 1, 1960 to Sept. 30, 1961.

Note: Any apparent inconsistencies in the data, e.g. 12 individuals with 5 or more convictions in the interview sample and only 8 with 5 or more convictions in the court sample, are due to the fact that samples were collected during different time periods.

female drunk population and, in particular, appears to contain younger female offenders who are in an advanced career stage relative to their age peers in the total female drunk population.

Given these differences, caution should be taken in generalizing from specific relationships between indices of age, conviction, and various behavioural manifestations. That is, the findings on the current behaviour of interviewees presented in the following section may not be applicable to the majority of female offenders, since most will not be in such advanced career stages. The differences between interviewees and the total population should not significantly affect the career process analysis. That analysis is based on longitudinal data and is therefore independent of specific age, conviction, and behavioural findings. That is, all offenders are seen as passing through the first three stages discussed, independently of the degree to which the passage is telescoped or drawn out.

Behavioural Characteristics of the Interview Sample

A systematic review of the interview data was conducted to delimit the current behavioural characteristics of the interview sample. A description of our findings is presented in this section.

Drinking Behaviour.- The interview sample was found to consume alcohol in three different locations: (1) a private room or home, (2) taverns or beverage rooms, and (3) illegitimate places such as parks and alleys. (Table XIX-23) (The consumption of alcohol in public places other than licensed facilities is legally prohibited.) Fifty-nine per cent of the interviewees reported that they drank most of the time either in public drinking establishments, or in illegitimate places.

TABLE XIX-23

DOMINANT DRINKING PLACE OF INTERVIEW SAMPLE

Place	N	%
Private room or home	22.5	41.0
Taverns, beverage rooms	31.0	56.0
Illegitimate places	1.5	3.0
Totals	55.0	100.0

The high frequency of alcohol consumption, in both legitimate and illegitimate public places, is a significant factor leading to the lengthy conviction record for public drunkenness offences reported in Table XIX-22. To be arrested for public drunkenness, behaviour indicative of inebriety must be observed by the police. Drinking in illegitimate places obviously increases vulnerability to

arrest. However, drinking in public taverns and beverage rooms also increases one's vulnerability. Heavy alcohol consumption in a tavern becomes apparent when the drinker reaches the street on leaving.

The dominance of alcohol consumption in public houses reflects three aspects of the life style of chronic female public drunkenness offenders. First, it reveals the general economic marginality of the interviewees. In most instances they were without permanent full-time shelter. Second, it is consistent with the findings of W. E. Mann (31) that the tavern occupies a significant niche in the life-style of the poor.

> ...the pub serves as the neighbourhood or community centre. Here one meets practically the whole neighbourhood group ..., learns the latest gossip, and identifies with the neighbourhood. (p.153)

Many of the interviewees indicated that going to the tavern was their primary social activity. Finally, it is in the public houses that the female offenders make contact with males who provide them with economic support.

Table XIX-24 reports the dominant type of alcoholic beverage consumed by the interviewees. Forty-three per cent listed wine as the beverage they most often drank. This finding appears to contradict the data on dominant place of drinking. Under Ontario law, public houses can only serve beer in their "beverage rooms". Our participant-observation data also indicated that little, if any, wine is consumed illicitly (e.g. in the washroom) in beverage rooms. The resolution of this inconsistency lies in the phenomenon of "coasting". The term refers to the practice of sitting in a public house slowly sipping a beer. Thus,"dominant drinking place" refers

not to the location where alcohol consumption is highest but to where most of the interviewees time is spent. The really serious drinking, i.e. where most alcohol is consumed per unit of time, occurs in places other than public houses, such as parks, alleys, washrooms, and/or private rooms - and usually involves cheap wine.

TABLE XIX-24

DOMINANT TYPE OF ALCOHOLIC BEVERAGE CONSUMED BY INTERVIEW SAMPLE

Beverage Type	N	%
Liquor	2	3.0
Beer	10	15.0
Beer and liquor	3	4.0
Wine	28	43.0
Wine and beer	10	15.0
Wine, non-beverage alcohol	2	3.0
All, except non-beverage alcohol	1	2.0
N/A	10	15.0
Totals	65	100.0

Social Affiliations and Sources of Economic Support

The findings on current social affiliations are presented in Table XIX-25. Over 50 per cent of the interview sample reported their current cohabitation status as either one of legal or common-law marriage. Nearly 25 per cent, however, indicated that their contact with males was negligible. Approximately 14 per cent of the interviewees reported that their heterosexual relationships consisted of housekeeping arrangements, "shack-ups," and "one-nighters".

TABLE XIX-25

CURRENT SOCIAL RELATIONSHIPS OF INTERVIEW SAMPLE DRUNKENNESS OFFENDERS

Relationship	N	%
Married (legal)	13	20.0
Common-law	20	30.8
Housekeeping arrangements, "shack-ups"	5	7.7
"One-nighters"	4	6.2
None - casual only	16	24.6
Homosexual[a]	1	1.5
N/A	6	9.2
Totals	65	100.0

[a] The stability dimension of this relationship could not be ascertained.

The most frequently cited source (38% of the interviewees) of economic support (Table XIX-26) was either a legal or a common-law husband. Approximately one-fourth claimed to support themselves through gainful employment. An equal number of interviewees relied on welfare or other institutional economic support.

A discrepancy existed between the number of interviewees reporting a cohabitation status of married or common-law and the number relying on a husband or common-law husband as a major source of economic support. Over 50 per cent reported a married or common-law cohabitation status, while only 38 per cent relied on their mates for economic support. Eighteen per cent, however, mentioned welfare as the major source of finances. It is our impression that the majority of those interviewees on welfare were also married or in a stable common-law relationship.

TABLE XIX-26

CURRENT MAJOR SOURCE OF ECONOMIC SUPPORT OF INTERVIEW SAMPLE OFFENDERS

Source	N	%
Husband or Common-law husband	25	38.0
Own gainful employment	15	24.0
Welfare	12	18.0
Private, social service, and charitable institutions	5	7.7
Illegitimate (e.g. prostitution)	5	7.7
Other	3	4.6
Totals	65	100.0

The remaining 44 per cent of the interview sample listed gainful employment, jail care, prostitution or some other illegitimate category, as the major source of support. Participant-observation findings revealed that few of the chronic female offenders were employed full time. For the most part, employment consisted of infrequent spot jobs. We also felt that the interviewees had under-reported the incidence of housekeeping arrangements, "shack-ups" and "one-nighters". Thus, we tentatively concluded that they had under-stated their reliance on such heterosexual relationships for economic support and over-stated legitimate sources such as gainful employment.

Deviant Behaviour Other Than Public Drunkenness

Police records and interviews revealed that 32 (49%) of the interviewees were involved in 20 socially deviant and 37 criminal offences other than public drunkenness. (Table XIX-27) The 20 self-reported socially deviant events involved the birth of illegitimate children. In almost all cases this event had preceded arrests for public drunkenness. The birth of the child usually led to the interviewee's first encounter with overt adverse community reaction and with social service agencies on the social identity continuum of the career process model. This was often the first instance in which the individual was openly identified by the general community as a social deviant.

Sixteen convictions for assault and theft were recorded, as well as 13 instances of prostitution. The specific relationship of these criminal activities to arrest for public drunkenness could not be determined. Our impression is that they occurred after the initial arrest for public drunkenness but before chronic recidivism and uncontrolled alcohol consumption. Some of the interviewees reported that they still engaged in prostitution. However, the type of prostitution is of a marginal nature.[19] That is, the trade was pursued irregularly, and the fees charged were small compared to the going street rate. Prostitution and other criminal behaviour reflect the adoption of a personal deviant identity and reinforce a socially deviant identity.

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[19] Interviewees perceived such behaviour as morally questionable and reported that they avoided engaging in prostitution.

TABLE XIX-27

SOCIAL AND CRIMINAL DEVIANT BEHAVIOUR OTHER THAN PUBLIC DRUNKENNESS OF INTERVIEW SAMPLE OFFENDERS

Type of Deviance	Number Reporting	%
Social:		
Illegitimate child[a]	20	35.0
Criminal:		
Drugs (other than alcohol)[b]	8	14.0
Prostitution[b]	13	23.0
Assault, theft[c]	16	28.0
Totals	57	100.0

Number of individuals = 32

[a] Self-reported only.

[b] Self-reported and police records.

[c] Police records only.

The use of drugs such as heroin and barbiturates was indicated in the case of 8 interviewees. The matrons of the Don Jail reported that during 1961 there was an increase in the number of incarcerated females who used drugs in conjunction with excessive drinking. Most of the women in this multiple drug use category were young adults (20-30 years old). The matrons felt this group used alcohol and other drugs to increase the effects of either the drug or the alcohol. There was also some indication that "old timers" who were straight drunks had begun to use drugs in the belief that it would mitigate their alcoholism problem.

THE FEMALE DRUNK AND PUBLIC POLICY

The basic policy recommendation of this report is that female public drunkenness be treated as a public health problem rather than a criminal offence. We will discuss the rationale leading to this recommendation below, and suggest the procedures for implementing it.

Societal Responses to Public Drunkenness

Society can respond to the fact of public drunkenness in several ways. It can ignore its existence or permit it - at any rate, do nothing about it - which is a laissez-faire type of response. It can treat public drunkenness as a crime and therefore punish those persons caught perpetrating the crime, which we would call a public order response. Or, society can define public drunkenness as a manifestation of an illness called alcoholism, and respond with public health measures.

Laissez-faire Approach.- At its worst the laissez-faire response can be interpreted as a lack of concern for both the public drunk and the society affected by public drunkenness. At its best the principle of laissez-faire, as applied to the condition of public drunkenness, indicates a belief that the individual has the right to do as he please and make his own decisions without interference from the state. The policy of 'containment' that the City of New York employed in the Bowery, where chronic drunks and Skid Row bums were left fairly well alone as long as they remained in the area, is in keeping with the laissez-faire approach.

It is the concern with individual liberty and freedom of action as opposed to coercion that John Stuart Mill expresses, thus:

> ...the sole end for which mankind are warranted individually or collectively, in interfering with the liberty of action of any of their number, is self-protection. That the only purpose for which power can

> be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not sufficient warrant. (35, p.72)

However, Mill does not recommend indifference to behaviour that society deems immoral or otherwise incompatible with its standards, or harmful to the person so behaving. Mill believes an individual should not be coerced into changing his behaviour, or punished if he does not change it, but that he should be rationally persuaded with a view to changing it.

The application of this perspective to the public drunk has received little attention in the literature. Among those who have discussed the validity of a laissez-faire approach is John M. Murtagh, then Administrative Judge of the Criminal Court of the City of New York. Though he uses more colourful language, Murtagh articulates the basis of a Millsian approach to public drunkenness.

> We have a right to sin from now until the cows come home if we don't disturb others. We're accountable to someone else, but not to the police and the courts.
>
> So it is with the chronic drunk. If I want to get plastered tonight and walk out of the Waldorf and I don't disturb anyone else, why in the world should society waste its time on me? This is essentially a private matter. (36)

Public Order Approach,- The traditional public order approach rests on four basic propositions.

First, it assumes that a societal consensus exists that drunkenness in public is objectionable and of sufficient danger to society to warrant the intervention of the state.

Second, it makes the offender subject to the processes of arrest and trial. Third, it views the offender as exercising free choice in becoming drunk and continuing to become drunk in a public place. That is, since other courses of action are obviously available to him, of which he is aware, he must choose to become drunk and thus is responsible for his actions. Fourth, since he chooses to become drunk it is deemed necessary to enact laws with threat of punishment to deter potential drunkards - i.e. to make the choice too costly. Should an individual, in spite of this deterrent, choose to become drunk, the state is seen to have sufficient reason, given a verdict of guilty, to punish him - in the case of the public drunk, by means of a fine or incarceration.

Public Health Approach,- The final alternative societal response is a public health perspective, which also rests on certain basic assumptions.[20]

First, it assumes that health is a natural state which is to be preferred over being ill. Second, it presumes that being ill is an involuntary state for which the individual cannot be held responsible. Third, the judge of the state of health-illness, usually a physician, is assumed to be competent to diagnose causes. Furthermore, the patient does not argue, or rarely argues, with the judge over his diagnosis and treatment, which are intended to reinstate health. Fourth, the illness, being an involuntary state of nature, provides a legitimate basis upon which an individual is exempted from certain everyday expectations and demands. The degree and extent of the exemption varies with respect to the nature of the illness, but to be ill per se is a legitimized state in which societal

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[20] This discussion is based on Talcott Parsons "Definitions of Health and Illness in Light of American Values and Social Structure," in Patients, Physicians and Illness; ed. E.G.Jaco: (Glencoe, Free Press, 1958), pp. 176-7.

obligations may and often are required to be deferred. Fifth, the exemption from societal obligations is not unconditional. Since the state of being ill is undesirable, the patient is expected to recognize the undesirability of his condition: he must strive to become well or the exemption is lifted. Finally, the individual must seek appropriate help and cooperate with it fully.

Although these responses seem quite disparate, in fact all three are generally evoked in the same society and at the same time. Different weight may be given to each response depending on the circumstances.

Background

Until recently (1971) the public order approach to public drunkenness was the official one in Ontario. In the province's early history, by-laws dealing with drunkenness were enacted at the municipal level, with fine or imprisonment as the penalty. It was not until 1927 that the provincial Liquor Control Act came into being, which also dealt with public drunkenness as a punishable offence. Again the penalty was fine or prison term in graded amounts, depending on the number of past similar offences.

Although throughout this historical period the main response to drunkenness was that of maintaining public order, both of the other responses were in evidence. That a health problem was involved was acknowledged by an Ontario Act of 1873, which provided for the establishment of a hospital "for reclamation and cure of habitual drunkards." The preamble to the Act makes the interesting observation that "...experience has shown that the plan of treating drunkenness as a disease has produced very beneficial results."

Moreover, in the 1890's a provision was introduced into the Municipal Acts whereby discretionary power was given the senior police officer at the station where the intoxicated person was brought, to release him if he were charged only with being drunk but not disorderly; and today only about one-twentieth of the public drunkenness events end in arrest. This certainly seems to approach a laissez-faire response.

The Liquor Control Act of 1929 (which reduced the amounts of fine or imprisonment of the 1927 Act) remained essentially the same until 1960, when a public health perspective was embodied into law. In that year the Act was amended so that a person who had been arrested three times during a 12-month period could, if it appeared that he might benefit from such an action, be ordered by a magistrate to be detained in an institution for the reclamation of alcoholics for a term of 90 days.

In 1961 the Alex G. Brown Memorial Clinic was designated the reclamation centre for male public drunkenness offenders. It was not until 1967 that the Andrew Mercer Reformatory was designated the reclamation centre for female drunkenness offenders. The Mercer Reformatory has since been replaced by the Vanier Centre in Brampton, which is both the provincial prison for women and the treatment institution to which female offenders may be committed by the courts.

In 1971 the public health trend of the Liquor Control Act continued with Bill 101 receiving third reading before the Ontario Legislative Assembly. It permits the Lieutenant-Governor-in-Council to designate any public hospital a detoxication centre for public drunks and provides the police with authority to escort a public drunk to a detoxication centre in lieu of laying a charge.

The imminent adoption of Bill 101 is a basic factor taken into consideration in our recommendation. It is indicative of a growing belief among legal, health and social science professionals, as well as members of the government, that the public order approach to public drunkenness has not worked, either as a deterrent or a corrective. Indeed, it is believed to have fostered and sustained the development of a chronic drunkenness offender life style.

In a city such as Toronto a laissez-faire approach is probably unacceptable to most of the public in a city that prides itself on keeping its streets clean in more than one sense of the term; a change of policy and philosophy would require more public re-education than anyone is likely to undertake. Nor are the civic authorities likely to deliberately create a Bowery-type enclave where persons may pursue their personal lives unhindered.

The uncomfortable fact is that public drunkenness poses a dilemma. The disastrous effects of heavy drinking on both the alcoholic individual and on others around him are visible and well-publicized. The rule-makers of our society are forced to choose between what they consider unjustified punishment or indifference and neglect, which is equally unacceptable in terms of humanitarian ethics and social responsibility, or measures to deal with it as a public health problem, but without any conviction that effective treatment and rehabilitation programs have been developed.

The recommendation that a public health approach be implemented cannot be made without reservation. Even though the health system we suggest below is not a 'pure' type - since it sanctions the intervention of the police to bring the inebriate to treatment - it does rest on the premise of a public health response to public drunkenness.

Recent monographs by Thomas Szaz and Thomas Scheff (47, 43) argue that the designation of a given behaviour as illness is a negotiable and problematic event. This implies that dominant social and political groups over a period of time can define a type of behaviour they deem undesirable as illness. Moreover, the redefinition shifts the locus of change from social system to the individual. Hence it opens the possibility of legitimating actions of the state to force the individual - since it is in his own interest to "get well" - to submit to treatment. And if an individual is judged to be ill rather than criminal, the judicial safeguards, however faulty, of the public order approach, tend to be denied him. The problems of maintaining the traditional safeguards of the liberty of the individual, while instituting a public health approach, cannot be ignored.

On the positive side, the public health approach offers the hope that the present pattern or life style of the drunkenness offender can be changed and an alternative life style made available. It also seems to be the only means of slowing down and perhaps drying up entirely the recruitment of newcomers into the ranks of the chronic drunkenness offender population.

Empirical Data

The implementation of a public health approach to public drunkenness must take into account the size and distribution of the offender population, the economic and social needs of the population, and existent services.

1. Size of Population and Geographic Distribution:

Ontario.- Table XIX-28 presents the drunkenness conviction figures for females by judicial districts in 1966 (the last available figures), along with the name and size of the main population centres for the respective areas.[21] Slightly over 44 per cent (N=2229) offenders were convicted in the Metro Toronto area. The next largest centre was Kenora with 15 per cent (N=757) of the conviction total. Thunder Bay (N=347), St. Catharines (N=318), and Sudbury (N=270) accounted for 18.3 per cent of the total; the London (N=173) and Hamilton (N=170) areas contributed 3.4 per cent. The remaining 41 Ontario judicial districts each contained less than 2.5 per cent of the offender population - 13.3 per cent of the total.

Toronto.- As Table XIX-6, page 64, indicates 82.0 per cent (N=1783) of the female arrests for public drunkenness in Toronto in 1961 (the time of the original survey) occurred in the central city area. Slightly more than 15 per cent (N=330) of the arrests occurred in districts surrounding the central area and less than 3 per cent (N=62) of the arrests occurred in "outlying" police districts.

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[21] Rank order correlation (Spearman's) of urban population size and number of female drunk arrests was + .937.

TABLE XIX - 28

FEMALE DRUNKENNESS CONVICTIONS BY JUDICIAL DISTRICTS

FOR ONTARIO, 1966.

(In descending order of total convictions)

	Judicial District	Major Urban Areas	Adult Pop. of Urban Area	Female Convictions
	Grand total			5055 ✓
1.	York	Metro Toronto	1,462,867	2229
2.	Kenora & Patricia	Kenora	6,751	757
3.	Thunder Bay	Thunder Bay	58,542	347
4.	Lincoln	St.Catharines	65,774	318
5.	Sudbury	Sudbury	62,926	270
6.	Middlesex	London	126,472	173
7.	Wentworth	Hamilton	271,460	170
8.	Carleton	Ottawa	287,930	125
9.	Essex	Windsor	125,519	84
10.	Renfrew	Pembroke	9,444	80
11.	Algoma	S. St.Marie	41,198	52
12.	Cochrane	Timmins	22,594	52
13.	Lambton	Sarnia	38,031	46
14.	Bruce	Walkerton	2,596	31
15.	Kent	Chatham	19,251	31
16.	Timiskaming	New Liskeard	2,974	28
17.	Nipissing	North Bay	13,913	26
18.	Rainy River	Fort Francis	5,540	22
19.	Waterloo	Kitchener	114,510	21
20.	Peterborough	Peterborough	33,375	19
21.	Hastings	Belleville	19,255	17
22.	Ontario	Oshawa	69,718	17
23.	Stormont-Dundas	Cornwall	25,558	14
24.	Frontenac	Kingston	44,081	13
25.	Wellington	Guelph	30,559	13

Judicial District	Major Urban Areas	Adult Pop. of Urban Area	Female Convictions
26. Parry Sound	Parry Sound	3,551	11
27. Grey	Owen Sound	10,885	10
28. Norfolk	Simcoe	6,167	10
29. Welland	Niagara Falls	36,506	10
	Welland	34,842	
30. Brant	Brantford	37,806	9
31. Elgin	St. Thomas	14,608	9
32. Huron	Goderich	1,258	8
33. Lennox & Addington	Napanee	2,929	6
34. Simcoe	Barrie	14,382	6
	Orillia	9,266	
35. Halton	Burlington	37,075	4
36. Leeds & Grenville	Brockville	12,023	4
37. Northumberland	Cobourg	6,800	3
38. Prince Edward	Picton	3,070	3
39. Victoria & Haliburton	Lindsay	7,438	3
40. Dufferin	Orangeville	3,399	1
41. Lanark	Smith Falls	6,159	1
42. Muskoka	Huntsville	2,088	1
43. Perth	Stratford	14,466	1
44. Haldimand	Dunnville	3,459	-
45. Manitoulin	Little Current	882	-
46. Peel	Brampton	24,705	-
47. Oxford	Woodstock	14,526	-
48. Prescott, Russell & Glengarry	Hawkesbury	4,852	-

Along with distribution through time, and geographic distribution, the weekday averages for female drunkenness arrests are needed to guide the implementation of services, especially detoxication facilities. The daily average arrest rate for females in the city in 1968 was 6.1; in the suburbs .3 (Table XIX-29). The highest daily average arrest rate, 10.2, occurred on Saturday. On a weekly basis, the average arrest rate in the city was 42.8, and in the suburbs 1.9 - an average total of 44.7 arrests per week.

TABLE XIX - 29

WEEKDAY AVERAGES OF FEMALE DRUNKENNESS ARRESTS, 1968

Weekday	City	Suburbs	Total
Sunday	4.9	0.1	5.0
Monday	2.9	-	2.9
Tuesday	5.7	-	5.7
Wednesday	6.4	-	6.4
Thursday	6.7	0.1	6.8
Friday	6.9	0.8	7.7
Saturday	9.2	1.0	10.2
Daily Average	6.1	.3	6.4
Weekly Average	42.8	1.9	44.7

Economic and Social Needs

1. Metro Toronto:

The needs for public assistance vary in kind and amount, depending how far along the female drunkenness offender is in the career stages we have postulated If we are to discuss facilities in terms of meeting these needs - both with the idea of providing new facilities and examining existing facilities in terms of their extent and the needs they cater to - then we must know how many of the female offenders need help and of what kind. A first offender is much less likely to need help in any form except counselling in regard to her drinking problem than a sixth offender. One of the parameters of the concept of career stage was the number of convictions for drunkenness offences. Therefore, we can use the number of convictions as an acceptable indicator of career stage (keeping in mind that it is not a one-to-one relationship).

The majority of women (63%) are in Stage II and almost all of these are first offenders[22] (Table XIX-30). From this we can make a further estimate of the number of persons requiring various types of assistance (Table XIX-31).

We have estimated the needs of the female offenders in terms of shelter, food, treatment for alcoholism, and social affiliations on the basis of our data.

Treatment for alcoholism is the greatest need for Stage II and early Stage III offenders, but with each stage the economic and social needs become more acute, although the actual numbers of individuals diminish. There are 40 (3%) offenders in Stage IV. We can expect all of them to be arrested for public drunkenness three or more times a year. Seventy-five per cent at least will require shelter and food during a

[22] Offender status refers to arrests during a 12-month period.

TABLE XIX-30

ESTIMATED RELATIONSHIP OF STAGES TO CONVICTIONS

METRO TORONTO

No. of convictions	Stage II		Stage III, Early		Stage III, Late		Stage IV		Totals	
	N	%	N	%	N	%	N	%	N	%
1	800	95.8	150	55.6	15	8.1	-	-	965	72.6
2	25	3.0	60	22.2	100	54.1	-	-	185	13.9
3 +	10	1.2	60	22.2	70	37.8	40	100.0	180	13.5
	835	100.0	270	100.0	185	100.0	40	100.0	1330	100.0

TABLE XIX-31

ESTIMATED ECONOMIC AND SOCIAL NEEDS OF FEMALE PUBLIC DRUNKENNESS OFFENDERS, METRO TORONTO, 1961

STAGE	SHELTER: 1 or more times a month			FOOD: 1 or more times a month			TREATMENT for alcohol abuse			SOCIAL AFFILIATIONS			TOTALS	
	%	N min.	N max.	%	N min.	N max.	%	N min.	N max.	%	N min.	N max.	%	N
Stage II	Less than 25	-	209	Less than 25	-	209	75 or more	626	835	25 to 50	209	418	62.8	835
Stage III Early	25 to 50	68	135	25 to 50	68	135	75 or more	203	270	25 to 50	68	135	20.3	270
Stage III Late	50 to 75	93	139	50 to 75	93	139	100	-	185	75 or more	139	185	13.9	185
Stage IV	75 or more	30	40	75 or more	30	40	100	-	40	100	-	40	3.0	40
Totals		191	523		191	523		829	1330		416	778	100.0	1330
		(14.3)	(39.3)					(62.3)			(31.2)	(58.4)		

given month. Almost without exception members of this group will require treatment for alcohol dependence and help with social affiliations.

On a total population basis we estimate that a maximum of 39 per cent (N=523) and a minimum of 14 per cent (N=191) female offenders will require shelter and food during a given month. At least 62 per cent (N=829) will require treatment for alcohol dependence. Anywhere from 31 per cent (N=416) to 58 per cent (N=778) will need help in their social life.

2. Other Urban Areas

There is reason to believe that the social and economic needs of the female offender population in other urban areas will be considerably less than in Toronto. To begin with, they are likely to be first offenders and most first offenders in Toronto, we found, are in Stage II, where social and economic needs are secondary to treatment needs. Secondly, smaller urban areas usually have a lower tolerance for deviance so that drunkenness offenders will come to the attention of the police earlier than they might in Toronto. That is, they will not have reached as deviant a state as Toronto's first offenders, which means they will manifest even fewer economic and social problems.

An exception to this pattern of offender population needs may be in those areas such as Kenora, where a significant proportion of the drunkenness offender population is Indian. These will probably require special studies to determine the needs unique to these situations.[23]

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[23] For available data on Indian drinking and drunkenness population see: Brody, H., Indians on Skid Row, (Dept. of Indian Affairs and Northern Development, Ottawa, 1971); Dailey, R., Alcohol and Indians in Ontario, (A.R.F. Substudy 1964); Dailey, R., Alcohol and the North American Indian. Implications for the Management of Problems, (A.R.F. Substudy 1961); and Mercer, W., The Kenora Waystation, (A.R.F. Substudy 1970).

Available Services

There are various facilities in Toronto and throughout Ontario that provide many of the services which would appear to be useful to the female public drunkenness offender. These institutions or agencies may be run by the government or be privately owned; may deal with alcoholism or acute intoxication; may be residential or out-patient; may be custodial; may deal at the 'street level' with immediate needs or emergencies.

Custodial

The Vanier Centre for women is a custodial institution run by the Ontario Department of Corrections. Admission is through referral from court and is only for women (16 years and over) who have been sentenced to terms of from 30 days to 2 years. The therapeutic program includes treatment for alcoholism through counselling and group therapy. Although the Vanier Centre's program appears to be suited to the problems of women of low socio-economic status, in actuality it treats very few female drunkenness offenders. During 1969, only 15 of the 287 residents in Vanier were charged with intoxication. The reason for this is that female drunkenness offenders seldom receive the necessary sentence of 30 days or more. Those who do, tend to be Stage IV chronic offenders, and they are least likely to respond to treatment.

Private Institutions

The Homewood Sanitarium in Guelph is a private hospital providing psychiatric assessment and treatment for alcoholism for patients from all over Ontario. Admission is through referral from a physician with an initial screening by a psychiatrist. The cost is $7 a day in addition to Ontario Hospital Insurance Plan payments, with a $300 deposit on admission.

There is a waiting list of 4 to 6 weeks. Although emergency cases are accepted, they are from the Guelph area only.

The number of female public drunkenness offenders who are treated in Homewood is negligible. The cost alone is prohibitive to this group and the treatment program is oriented to a different social level, as indicated by the deposit and the waiting list.

The Donwood Foundation in Toronto focuses on treatment of alcoholism and dependency on other chemicals. Admission is through referral from a physician or an admission interview. There are no emergency services and there is a waiting list. The cost is a $200 fee over and above OHIP, for the usual treatment period of 25 to 28 days. Occasionally the fee is waived.

Again the treatment is oriented to alcoholics rather than to drunkenness offenders. The type of referral, the orientation of the program, and the two to three week waiting period, even if the fee were waived, tend to screen out the female drunkenness offender from this program.

Public Institutions

The Addiction Research Foundation has four outpatient clinics in west, east, north and central Toronto. Admission can be off-the-street or through referral from physicians, ministers, or other interested persons. The program provides counselling, lectures and therapy for alcoholism and related problems. Each of the branches has among its client population a number of females who are potential drunkenness offenders. However, the number of active offenders serviced by the ARF is very small (Chapter XVI, The Chronic Drunkenness Offender, page 25.)

The Family Service Bureau is a municipal department which receives its funds from the provincial government's Department of Social and Family Services. Various services, including counselling and welfare money, are provided. The female drunkenness offenders rely on these services to a very considerable extent.

Hospitals

The Whitby Psychiatric Hospital, which is an Ontario Government hospital, has both residential and out-patient alcoholism treatment units. Admission can be through referral from physicians or self-referral, with emergency services available. The cost is covered by Ontario Hospital Insurance Plan.

Whitby is 30 miles from downtown Toronto, where most drunkenness offenders live, which reduces its accessibility to these women. Self-referral is highly unlikely anyway, not only because it is not close at hand, but because of the stigma associated with a psychiatric hospital. Thus, although its treatment facilities are potentially available, it is rarely used by female drunkenness offenders.

The Toronto East General Hospital has an alcoholic and drug addiction outpatient clinic. It appears, however, from the information received, that very few if any patients are drunkenness offenders, although some may well be potential offenders.

St. Michael's and Wellesley Hospitals, situated two or three blocks east of the downtown area are the two main hospitals in Toronto to provide extensive acute medical services (other than detoxication) for female drunkenness offenders. The location of other hospitals limits the number of offenders seen in them.

Religious and Organization-based Institutions

The Salvation Army has two residences where women with alcoholism problems may go. One is The Homestead and the other is called the Salvation Army Women's Receiving Home. Admission is off-the-street or through referral. Both provide some counselling for alcohol problems, and the Receiving Home will accept emergency cases. Costs are flexible or frequently waived in both residences; otherwise the cost is $2.50 a night or $18 a week in the Receiving Home.

These two facilities provide services that are of some significance to female drunkenness offenders - both lodging and counselling, in central areas of the city - yet even these orient only a segment of their facilities to the female drunks. For example, the Women's Receiving Home will accept intoxicated females "as long as they are tractable; otherwise they are too upsetting to the other residents."

There are three Missions - the Scott, the Fred Victor and the Yonge Street Mission - which provide food and clothing potentially useful to the female offender, but not shelter or treatment.

In order to qualify for such help at the first two missions the women must be in a family setting. This would eliminate many of the female offenders who are no longer with their families - a conclusion supported by the Missions' spokesmen, who indicated few if any of their female clients were public drunks.

The Yonge Street Mission appears to have no restrictive policies. It provides clothing and groceries, and it is our impression that a small but significant proportion of the women making use of the Yonge Street Mission services are female drunkenness offenders.

The Friendship Centre, located in the central area of the city, is a kind of drop-in social club for men and women which provides some counselling and referral. About 20 women, compared to about 200 men, use this Centre daily. In all probability all 20 are drunkenness offenders.

The Elizabeth Fry Society maintains a wide range of services; counselling, accommodation, food, clothing. However, the spokesman for the Society indicated that although drunkenness offenders use the Society's facilities, it is almost exclusively for immediate needs such as clothing, the occasional meal, or help with finding a room. Very little counselling is requested.

Alcoholics Anonymous. Although all alcoholics are theoretically welcome to Alcoholics Anonymous, it is our impression through interviews with our sample of female drunkenness offenders and from the spokesman for AA that few if any female offenders are members of Alcoholics Anonymous.

If we compare the needs of the female drunkenness offenders, (Table XIX-31), with the list of facilities available, we see firstly that the most predominant need is treatment for alcoholism and that it is the one most inadequately met for this particular group of women. Another thing we note is the absence of specialized facilities - from therapy to creature comforts - for female drunks. Whereas hostels and missions supply food and shelter for male chronic drunkenness offenders, the women must rely on the more generalized community services such as welfare, to provide them with the money to purchase food, clothing, and a place to sleep.

There are other services available across Ontario for female alcoholics:

St.Joseph's Hospital, Thunder Bay, maintains a unit within the hospital for treatment of alcoholism, and the Civic Hospital in Peterborough has a program for the treatment and rehabilitation of alcoholics. In London, the Women's Mission provides a rehabilitative residence for female alcoholics, and Leone Residence in Windsor is a temporary shelter for homeless women and girls. The Sarnia Social Services Bureau provides a special counsellor for persons needing help with drug and alcohol problems, and the Family Services Bureau of Cornwall provides counselling for families of alcoholics.

In general, our impression is that these programs, available outside of Toronto, are more likely to service potential drunkenness offenders rather than actual offenders. Yet given our estimate that drunkenness offenders outside of Toronto are less deviant than those in Toronto, these services may be reaching a larger segment of the female drunkenness population than if they were located in Toronto.

In summary, very few of the existing services that are theoretically available to the female drunkenness offenders are used by them to a significant extent - apparently because location, program orientation, intake policy, or some combination of these, make them inaccessible or unattractive to this distinctive population.

RECOMMENDATIONS

The proposals we put forward are based on the premise that a health response to public drunkenness should be on various levels to be useful. The immediate need is for detoxication; longer ranged needs are for treatment of alcoholism and help with finding a new social milieu.

1. Detoxication Program

Our first recommendation deals with the immediate physical problem of acute intoxication. We suggest the establishment of a detoxication unit for female public drunks, which would be similar to that recommended for males (39). The unit or units should be located in central areas in Toronto, with special arrangements with other health facilities to provide for acute medical emergencies. In smaller centres the units (probably of one or two beds) could be set up in hospitals or clinics.

Instead of being charged with an offence, the females found drunk in public will be taken by the police to the unit. They will stay there for the length of time necessary to be detoxified - usually a few hours to 24 hours (39, p.9) and be released as soon as possible thereafter.

It is suggested that the detoxication unit should concentrate on the physical aspects of detoxication. Assessment, counselling, and rehabilitation services should take place in another setting. The main reason is that if the detoxication unit were a rehabilitation centre also, it would probably eventually cease to serve the female drunkenness offender. The rationale behind this prediction is that in all probability many female offenders will not respond to current methods of rehabilitation; they will return again and again to the

detoxication unit, and the reaction to this repeated 'failure' of a staff oriented toward counselling and rehabilitation might be a tendency eventually to refuse admission to these 'unmotivated' persons. This, in fact, occurred at Street Haven, a residential and "drop-in" centre for female drug addicts, where a temporary detoxication program for females was operated for three months in the summer of 1971. According to a report of this activity:

> We must have better relationships with the Police Department, who at times send us the same woman in two days for her third admission, not understanding about that person's motivation and resented us not admitting referrals such as this.[24]

The refusal to accept repeat admissions will weaken incentives for the continued police cooperation, which is essential to the program and hence to the success of the public health approach. The chronic female drunkenness offender will be returned to the public order judicial process, or else be ignored by the police if the latter occurs; her physical health will probably deteriorate without the beneficial effects of regular hours, adequate meals, and periods of abstinence provided by the jail.[25]

[24] From a 3-page report on Street Haven Recovery Unit by Janet Fowlie and the Reverend Ben Garret, Aug. 24, 1971.

[25] Even if the detoxication unit accepted repeaters, we expect their health to deteriorate more rapidly than if they were sent to jail, since each jail term would generally be longer than each period spent in the detoxication unit.

Another factor that might eventually have the same effect (i.e. of ceasing to serve the female drunkenness offender) is making the detoxication unit available to female alcoholics who are not brought in by the police. It should be remembered that the female drunkenness offenders are often physically difficult to manage and, as we have pointed out, apparently 'unmotivated' and repeaters. In contrast, women who find their own way to the detoxication unit or are brought by friends or relatives are likely to be more tractable and more 'insightful' and 'motivated' - and hence to be preferred as patients.

Thus we recommend that detoxication units focus primarily on physical detoxication, preferably of police-referred women only. Otherwise the success of the program dealing with female public drunkenness offenders will be severely endangered.

Medical Care.- Medical care at the detoxication unit need not be elaborate. Dr. Louis Robinson, Clinical Director of the experimental Addiction Research Foundation Harbord Street Detoxication Unit suggests that a detoxication centre can be adequately staffed by nurses with a physician on call 24 hours a day for consultation and advice (40).

Over a 6-month period, the total number of female admissions into the ARF unit was 489. Of these 440 or 90 per cent needed no special medical attention. Of the 49 (10%) admissions that required the attention of the physician, only 1.0 per cent involved conditions that were a threat to life. Nine of the 49 were referred to general hospitals. Of these only one person was detained at the hospital; the others were returned.

These data should provide reasonable estimates of the number of medical emergencies which we can expect. The validity of these estimates is buttressed by the fact that the patients in the unit were representative of the total female offender population with respect to age.

Special Problems.- Experience indicates that there are several patient management problems either unique to or magnified in female detoxication units. It seems from preliminary data that women are more likely than men to refuse to be admitted to the unit or, once admitted, to be uncontrollable or difficult to manage (40, p.6).

A survey of the 97 women brought to the ARF Harbord Street Detoxication Unit during a one-month period showed that 17 refused to be admitted.[26] Another 5 who were admitted had to be returned to the police because the nursing staff was unable to control them (40, p.6). Nineteen needed medication to control "acting out behaviour" not related to alcohol withdrawal. In comparison, only 9 of the 92 male admissions over a similar period required medication for this reason (40,App.E).

Observers report that the women patients also seemed able to sense which staff members were afraid of them or were unsure of themselves, and were able to manipulate them and exploit the situation.

Some of the problems probably can be alleviated by external means. For instance, as the unit's function becomes more familiar to the offenders, their refusal rate is likely to decline. Also, the problem of patients who are difficult to manage can be partly solved by providing an isolation room. But, because in the end the success in handling female drunkenness offenders lies with the staff of the unit, the selection and training of staff are crucial factors. It may be advisable to develop a staff comprised mainly of women who were themselves

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[26] This, despite the fact that the police at that time tended to be somewhat selective in whom they brought to the unit.

If a woman refused to enter the unit,she was taken to the police station and charged.

drunkenness offenders, who can therefore understand the behaviour of the women and deal with it without being manipulated or exploited. The staff might include former police matrons as well, for they can be expected to have considerable understanding of the female drunk and her problems.

Screening and referral.- There should be a screening and referral service to allow patients to be released as soon as possible, and referred to suitable treatment where necessary. A staff of three could handle these functions adequately, differentiating the offenders into those (probably very few) who need no referral; those few who need referral for alcoholism treatment to outpatient agencies, and the majority, who will need referral to the multiservice centre described below. It should also be the responsibility of the staff to see that the patients get to the place of referral.

2. Post-detoxication Program

In general, the post-detoxication program for female drunkenness offenders should be substantially similar to that recommended by the Task Force Report (39, pp.17-21).

The first step in the program is the establishment in Toronto of a centrally located, experimental, multiservice centre. This is conceived of as a new type of agency with two objectives. One objective is to assess the needs of the patients and refer them to appropriate rehabilitation services supplying immediate help in the form of food, shelter and clothing; the other is to provide a setting for an experiment in self-help.

The center should be a residential unit where assessment or 'diagnosis' will take place. An upper limit of two weeks' stay is proposed - to ensure that it does not become just a hostel for the homeless - with earlier release as soon as satisfactory referral is arranged. With this policy, the provision of 25 beds should be sufficient.

There will be a built-in experimental program whose orientation will focus on self-help and self-government. That is, the unit should be run by the offenders themselves. There will be a permanent staff which could consist entirely or partly of former female drunkenness offenders, who would be selected and trained prior to the centre's opening. These staff members would provide the counselling services, supervise new trainees, and oversee the day-to-day government of the unit. As new offenders are admitted, they will be incorporated into the self-government program which should include the routine maintenance of the unit.

One major problem which might arise is the hostility of professional staff who may see such a program as usurping their power. This could probably be avoided if professionals acted as consultants and advisers only.

Community agencies offering considerable help in such basic problem areas as employment, vocational training, long-term housing, drinking behaviour, and the provision of food and clothing, should have representatives stationed at the centre. This should prove valuable in making the most suitable referrals and also in making sure that the clients get to the agencies.

We would hope, too, that these agencies would use ex-offenders wherever possible as their representatives.

As Giffen (39, App.D) points out, the multiservice centre is essential for chronic drunkenness offenders who need assistance on so many levels. It will help acquaint the offenders with agencies they may not know of; at the same time it may bring

to light gaps in the existing, available services. It may also point up needed changes in the policy of agencies at present dealing with drunkenness offenders, to prevent a Skid Row life style from developing.

The substantial participation of the female offenders in the running and control of the centre is suggested for several reasons. First, we feel it is necessary for society and for the offender herself to re-define her as a non-deviant. Those women who become members of the staff will be able to see themselves in a completely different, non-deviant, role. To offenders entering the centre, these ex-offenders on the staff are concrete examples of persons in situations similar to their own, who have been able to change their life style.

Furthermore, we expect that the shared experiences and identities of ex-offenders and new admissions will make for greater social control and program efficacy. That is, as we suggested regarding the staffing of the detoxication unit, the ex-offenders are much less likely than non-offenders on staff to allow themselves to be conned, manipulated, disturbed, or threatened by the behaviour of the female offenders.

Self-help Program

Up until now any kind of assistance or therapy for the female drunkenness offender has been haphazard and inadequate. Not only do the needs of these women differ from the needs of alcoholics in other socio-economic groups, and from the needs of other non-alcoholic offenders, but as we have pointed out, their own needs differ depending on how fully integrated they are in the chronic drunkenness offender way of life.

The type of program we are about to recommend as the next step in the post-detoxication rehabilitation program will not be suitable to all female drunkenness offenders but we believe will be relevant to the needs of the majority of them. This method emphasizes rehabilitation within small residential units through a social system of self-government and self-help. Economic and social needs would be taken care of particularly as the units become self-sufficient.

Within this setting, alcoholism and heavy drinking would be considered deviant behaviour. It was found in Synanon, which forms the empirical basis for our recommendation, that behaviour was changed through peer group processes, which rejected deviant behaviour and rewarded or reinforced behaviour acceptable to the group. Self-government and collective decision-making are also known to alter passive and fatalistic attitudes (48). Thus we would expect drinking behaviour to change in this setting.

As we have mentioned, such self-help residences, which might be long-term residences or half-way houses, will not be appropriate for some of the women. Some Stage II offenders are expected to have sufficient economic and social resources that a referral to such a program would constitute a reinforcement of a deviant identity rather than the opposite. Other services must be considered for them. Also, some offenders will have families whom they cannot or do not wish to leave, but who could benefit from the whole social process of the self-help program. For these, non-residential associations with the same goals of economic self-sufficiency, self-control and self-government might be set up.

A portion of offenders can be expected to refuse to participate in the program. For such women a policy should be adopted which will stabilize their life style as much as possible by giving them economic and social service support to sustain whatever pattern of household arrangement they have.

Some women, again probably Stage IV offenders who have refused to enter any program, will continue to be processed through the detoxication unit, almost on a revolving door basis. Such a procedure will probably result in increased morbidity and mortality among this group, since they will no longer have recuperative periods in jail, unless they are charged with offences other than public drunkenness. For the women who refuse to enter a program and those who are unable to cope with the demands of a self-help approach, a long-term protective residence could be established supervised by professional (or trained ex-offender) staff. It would operate as a functional equivalent to the jail but on a voluntary basis. Within practical limits it would accommodate the life-style of its residents. For this reason, use of such a residence must be limited to women who are assessed as definitely needing it, and that only as a last resort. Any other policy could well lead to an increase in the proportion of Stage IV offenders.

SUMMARY

The major approach to public drunkenness in the past has been to treat it as a criminal offence with a fine or imprisonment as the punishment. At the same time, there has been a certain amount of public health response at both the legal and social levels, although still within the public order response. There has also been a response we could term "laissez-faire" since we know not all persons found drunk in public are arrested by the police but may instead be sent home. (This applies particularly to the female drunkenness offender.)

The trend is now tipping in the direction of a public health response as the major approach. This means that drunkenness will be considered an illness and as such must be treated. "Drunkenness" is acute intoxication; it does not necessarily indicate alcoholism. However, approximately 90 per cent of the male C.D.O.s are alcoholics and we feel justified in assuming that the majority of female drunkenness offenders are also alcoholics.

In Metropolitan Toronto, where the greatest number of Ontario female convictions for public drunkenness occur, we have recommended the establishment of a detoxication unit. Instead of booking the female offender into jail, the police will take her to the detoxication centre. In smaller centres we suggest a one or two bed unit to be set up in a general hospital. This detoxication centre should restrict its function to physical detoxication, should give priority to police-referred female drunks, and should not refuse repeat admissions. If these conditions are not met, then the likelihood is that gradually the detoxication unit will cease to serve the female drunkenness offenders.

In order to avoid a new "revolving door," it is absolutely essential that detoxication be followed by a program of alcoholism treatment and rehabilitation. Present programs for one reason or another are generally unsuited to the female drunkenness offender even though theoretically available to her. Some of the shortcomings could be overcome; for example, transportation could be provided to those facilities that are many miles from the individual's home territory; program orientation might be altered in others. In order to assess the needs of each female offender, to attempt to coordinate useable existent services, and to make suitable referrals, we suggested a new experimental short-term residential multiservice centre. Much of the experimental aspect would be in having on-the-spot representatives from those community facilities that supply some services to these women, so that they could help determine whether a person would benefit from their program; possibly they could help change their agency's policy in order to accommodate female offenders. The other experimental aspect would be in having the place staffed partly, or eventually entirely, by ex-drunkenness offenders.

Insofar as existent post-detoxication services (alcoholism treatment, social welfare) are unsuitable for many of the female offenders or inadequate as to size, we suggested a new rehabilitation program for those women who do not fit into the present programs. The setting would be small, self-help, eventually self-sufficient, residential units. In this setting heavy drinking would be established as deviant behaviour and the social group processes would be expected to change the previous drinking behaviours.

Skid Row chronic drunkenness offenders will probably continue to be processed through the detoxication unit if they refuse further help, or else enter the protective environment of a small residence that would be supervised by professional or trained staff.

DISCUSSION

We have tried to show that the female drunkenness offender has a life style all her own. We have conceptualized it as being divided into four stages. These stages, though not rigidly demarcated, are defined by certain behavioural and social characteristics.

We were not able to observe the first stage because it was characterized by lack of heavy drinking and occurred before the women were incarcerated for being drunk in public. We do not know how many pass through this stage but it stands to reason that there would be some who never go beyond Stage I - girls who, in other words, exhibit the same characteristics we have listed as contingencies but who do not become drunkenness offenders. It might be of considerable interest and not too difficult to study females in this stage with a view to isolating the factor or factors that caused them to take one direction rather than another.

The female's life style differs considerably from the male drunkenness offender's in that social affiliations, particularly the husband-wife association, are maintained even though the partners frequently change. The life style is one of the factors that helps prevent the female offender from becoming a chronic drunkenness offender, and particularly from becoming a Skid Row drunk. Thus, the 'problem' of the female drunkenness offender differs both quantitatively and qualitatively from the male chronic drunkenness offender.

It may be because female drunkenness offenders are less visible (because there are relatively so few, and since there are no more than three dozen on Skid Row) that few institutions have come into existence to cater to their needs. At the same time, this lack of Skid Row institutions has probably had the effect of keeping them from a Skid Row exist-

ence, a probability that should be kept in mind when considering alternatives to jail.

In 1971 the number of females arrested for drunkenness in Toronto declined sharply from 1967 (our next most recent figures). This decrease is probably directly due to a change in police policy rather than a change in drinking behaviour. In anticipation of the change in law regarding public drunkenness, the police are not picking up so many intoxicated females, or are merely keeping them overnight in a police cell without booking them.

This decrease might be interpreted as meaning there is a decreasing need of facilities for these women: if the law does away with the offence of public drunkenness, then there will be no female drunkenness offenders. There will, however, still be low status female alcoholics. There will still be the problem of what to do with highly intoxicated women on the street. The modified public health approach we have described will use the police to take them to the detoxication unit. This special facility for detoxicating public drunks is only feasible in conjunction with the other facilities - the multiservice centre and the self-help units, otherwise there is no doubt that we would be replacing one 'inhumane' revolving door with another which might be just as inhumane in the long run.

How will the new legislation affect the population size and life style of the female drunkenness offender? We have argued that the process of arrest, trial and incarceration tends to foster a deviant social and personal identity. The substitution of a public health approach may mitigate this labelling process and thus eventually reduce the actual size of the female offender population. However, it should be kept in mind that the public health approach has significant labelling consequences itself. The degree to which the legislation will affect the female offender life style depends on the extent of the services

offered in conjunction with the changed law, for both men and women. We noted (p.37) that frequently the breakup of the female offender's first marriage occurs when the husband drinks heavily, is unable to support the household financially, and abuses the wife and children physically. It is possible that without jailing or the necessity of finding the money for the fine, with perhaps only a few hours spent in the detoxication unit, the husband may get drunk more often and the marriage break-up will come about more quickly, as will that of subsequent liaisons. A deterioration in health may also have an effect; less time may be spent working because of poorer health; more time may be spent in hospitals, and there may be more and earlier deaths. More females are likely to end up on Skid Row at an earlier age.[27]

On the other hand, a full range of post-detoxication programs may change the life style completely, or modify it considerably - possibly doing away with the cyclical nature of the liaisons by stabilizing the first marriage. If the first marriage has already been dissolved when the female inebriate enters the program, a new pattern will hopefully be established. If a new liaison occurs, the drinking basis of the relationship will no longer be a part of it and the economic aspect will probably be sounder.

The public health approach is not necessarily the final or the best solution to the problem of public drunkenness. But if public health authorities are going to take over the responsibility in the near future, then those persons responsible - legislators and officials - must consider post-detoxication programs as well as detoxication. Moreover, since the programs

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[27] Increased physical deterioration has already been noticed among the chronic drunkenness offender population in Toronto, where the number of arrests has decreased,(by persons in constant contact with the chronic drunkenness offenders.)

suggested are experimental, they should encompass research in their design in order to test effectiveness, to introduce modifications if necessary, or to point the way to an entirely new approach.

THE FEMALE CHRONIC DRUNKENNESS OFFENDER

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